LECTURE
ON THE
DISEASES OF CHILDREN.

DELIVERED IN THE

Chatham Street School of Medicine, Manchester,

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LECTURE VI.

THE PULSE; COMPLEXION AND HABITUS; POSITIONS OF THE BODY; MOVEMENTS; TEMPER AND HABITUDES.

The pulse is much more variable in children than in adults, and naturally more frequent. I have frequently found the pulse 120 in infants, without any notable disturbance of the health; and it may happen that the same infants, at a different period of that day, will offer only 75 or 80 pulsations. The intermittent pulse occurred in my practice frequently, without any bad signification, in particular during the recovery from a severe and exhausting fever. Delicate children, and those disposed to convulsions, present also, occasionally, an intermittent pulse. A slow and rare pulse, below 60, almost always indicates a transudation in the head. Irregular and intermittent pulse is frequently connected with the preceding, and in similar circumstances.

Complexion and habitus.—The proportional development and relation of single parts to each other, or to the whole body, certain forms and points which they present—impart to the whole a determined feature, which constitutes the *habitus* connected with a certain temperament and disposition to certain maladies. Before the sixth month we are frequently at a loss in distinguishing any special kinds of *habitus* of an infant; but after one year there are, very commonly, the essential marks of them. Allow me to bring before you those pictures of *habitus* which I have taken from nature, and found suitable to the purposes of practice:—

1. The *normal habitus* needs not, I think, to be described. There is a regularity in the whole frame, and a harmonious proportion between all its single parts.

2. *Nervous habitus.*—A delicate, slender, but proportional complexion, with a fine forehead; during the first years of life, frequently a large skull, but no notable abnormality in the ossification; very commonly light hair, thick and fine; skin delicate, with the veins transparent, in particular on the temples; much sensibility and vivacity, and eminent intellectual gift. It is more expressed and frequent in females, with a disposition to convulsions and spasms; eclampsy frequent about the first dentition, and fatal without inflammatory changes of the brain; between the eighth and the twelfth year frequently attacked by chorea. If this habit is strongly

expressed, cold lotions of the head and the spine are recommendable.

3. *Scrofulo-phthisic.*—Much like the former, but rather a small chest and prominent scapulæ; long and thick eyelashes. We might call it also scrofulo-nervous *habitus*. About the dentition much subject to pure nervous convulsions, less to hydrocephalus; this latter affection more frequent above the third year. Between the fourth and twelfth year much disposed to catarrhal affections, in particular of the bronchi and the eyes, with slight superficial erosions, on the sclerotic and cornea, with a little swelling of the glandulæ meibomiæ. About puberty, frequent tuberculosis in the texture of the lungs. It is difficult to counteract this disposition by hygienic means. Gradual strengthening of the body by exercise promises most.

4. *Scrofulo-impetiginous.*—Large skull, sometimes angular; face of different proportions, if very small in comparison to the skull, it is the worse; long and thick eyelashes, thick lips, abdomen bloated, and flabby legs; retarded ossification and locomotive power; hair of different colors, seldom very dense; coarse skin; voracity for farinaceous substances; frequently nocturnal head sweats. Disposed to eczema, impetigo, and achor on face and head; to glandular tuberculosis, to hypertrophy of the brain, to hydrocephalus, to caries of the joints and vertebræ. The greatest danger and mortality between the first and third year. Hygiène:—The most convenient articles of food are animal flesh and greens; no farinaceous things, much open air and exercise. Luke-warm salt baths, and cold lotions, with friction after it. Iodine is the most powerful remedy against the scrofulo-impetiginous dyscrasy.

5. *Scrofulo-rachitic.*—Large skull, with too protuberant frontal tuberosities, proportions of the face different, frequently large and bloated, very long and thick eyelashes, a semicircular furrow beneath the lower eyelids; dense hair, commonly dark and growing even over the upper part of the front; a very visible down over the whole surface, in particular on the front, the outside of the arms and legs; the articulations in a somewhat enlarged state. Thick lips, bloated abdomen, and thin flabby extremities, coarse skin; voracity of farinaceous substances; much retarded ossification and locomotive power; pigeon breast, and laterally excavated narrowed chest; disposition to rickets. Hygiène: animal food, some little of a good wine, dry open air, cold spiritous lotions, and frictions of the whole body. No warm baths.

6. *Bilious habit.*—Seldom clearly recognizable, and even seldom developed in the first years of life; proportional development of the body, with the exception of some prevalence of the hypochondria; dark hair; the colour of the skin rather impure, sometimes with dark red flushed cheeks; disposition to acute diseases and bilious affections. Vegetable food, in particular greens; luke warm baths.

7. *Sanguine* not distinguishable in little children from the regular habit. In general healthy and cheerful children, always in good spirits, with the same vivacity which we have pointed out as one of the properties of

the nervous habit, but without that excessive degree of sensibility which characterizes the latter, may be regarded as in possession of the sanguine habitus.

Besides these portraits of habitus and dispositions, we meet with infinite gradations of mixtures of them.

If we compare the nervous with the scrofulo-phthisical habit, as described, we shall find the most obvious the mixture of both in one individual; taken physically, these habituses, as they present themselves before our eyes, and according to great many analogies which we find between both, we must recognize an intimate relation between them. I am not able nor willing to trace tubercles of the lungs to the superabundant nervousity as a source; I state only the fact, as I observed it very frequently.

The same relation and affinity we find between that habitus which I described as the scrofulo-impetiginous and the rachitic. There is a condition of the body, very frequent between the 9th and the 18th month, with a large skull, large abdomen, flabbiness and weakness of the limbs, which either develops fully into rickets, or into impetiginous scrofula.

The position of the body of the child, in bed as well as in the arms of the nurse, is frequently indicative of the quality or local seat of disease. It is a long time since this was observed and regarded as a matter of significance by clever practitioners. I limit myself to mentioning the dorsal position as almost exclusive in transudations in the head, in typhus, in acute carditis and pericarditis, and acute peritonitis or enteritis. Dorsal, but with more or less lateral inclination, in acute affections of one of the lungs; we observe even, that in acute lobar hepatization the child keeps almost constantly the position on the affected side, and is prevented from laying on the healthy side by cough and dyspnoea. The position of pleurisy, however, is inconstant. I observed frequently the lateral position on that side which is opposite the one affected. In large transudations, on the contrary, I observed frequently a dorsal position, or inclined, over the healthy side. The most unsteady position we find in gastric disorder, or chronic abdominal affections; in abdominal glandular disease they lay frequently on the belly.

There are some very significative positions. If we find a child in the dorsal position, the head hanging backwards, with opened mouth, the lower extremities flexed in the knee, and negligently thrown outwards, the hands, or one of them, touching the genital organs; we may suspect a transudation in the brain.

The movements of single parts, automatic or convulsive, or weakness, or pain in moving them, or impeded movement by pain or contracture of that part, should not escape our attention. In young infants severe fits of eclampsy commence frequently with slight convulsive movements of the muscles of the eyes, or of the cheeks and mouth, by which the infant seems to smile, and causes, by this appearance, pleasure to the mother, who soon will be subjected to a dreadful deception. In children from seven years upwards, chorea commences, with slight irregular movements of

the head and the extremities, generally attributed in that stage of the disease merely to bad habit.

Temper, habitudes, and inclination.—The temper of the little patient must be valued, in any circumstance that we find the child fretful, or much inclined to cry. We mentioned, however, already, that the biliary habit is very seldom developed in infancy and early childhood, at least I regard this case as a rare exception before the eighteenth month. Consequently, if a little child is fretful, and cries frequently, we must closely inquire into the cause.

The habitudes of children depend much upon the method of their usual management, with which we must never neglect to make ourselves acquainted. Sudden changes in the regular habitudes, pleasures, or affections of the child, or some constant salient abnormalities in habitudes and affections, enable us sometimes to conclude upon the commencement or presence of certain affections.

I mentioned already, and bring it once more under your consideration, that none of all those objective symptoms of which I have given a short review, taken alone, has a constant and absolutely inherent diagnostic signification. I find it very useful to make that sort of analysis of single phenomena, but the art of diagnosis accomplishes its difficult task by clever comparison and synthetical composition, after the premised analysis of them.

CASE OF

PÓPLITEAL ANEURISM,

CURED BY PRESSURE UPON THE FEMORAL ARTERY.

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Read at the Branch Meeting of the Association, at Ely, June 17, 1861.

WILLIAM MITCHELL, aged 24, from Wisbeach, admitted into Addenbrooke's Hospital, August 1st, 1849: in ill health, with anxious pained expression, sallow complexion, pulse 104.

The ham and lower-third of the inside of the right thigh occupied by a firm swelling, giving a circular measurement of eighteen inches and a half; the left limb, in a corresponding situation, giving only thirteen inches and a half. The swelling was most prominent a little above the internal condyle, and at the middle of the ham, uniformly firm, but communicating an indistinct sense of fluctuation. Its outline could not be clearly ascertained in consequence of an cedematous condition of the subcutaneous tissues. The integuments were natural, with the exception of a faint blush in places, and a few white starry spots, like cicatrices, which he said had appeared within the last few days. There was effusion into the knee-joint, raising the patella and still further distorting the limb. The part was exceedingly tender, and he suffered great pain in