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A Manual of Treatment

—OF—

THE DISEASES OF  
CHILDREN

—BY—

W. F. RADUE, M. D.

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The teachings of this little book are drawn from the personal  
experiences of the author with the active principles  
and other later-day medicaments

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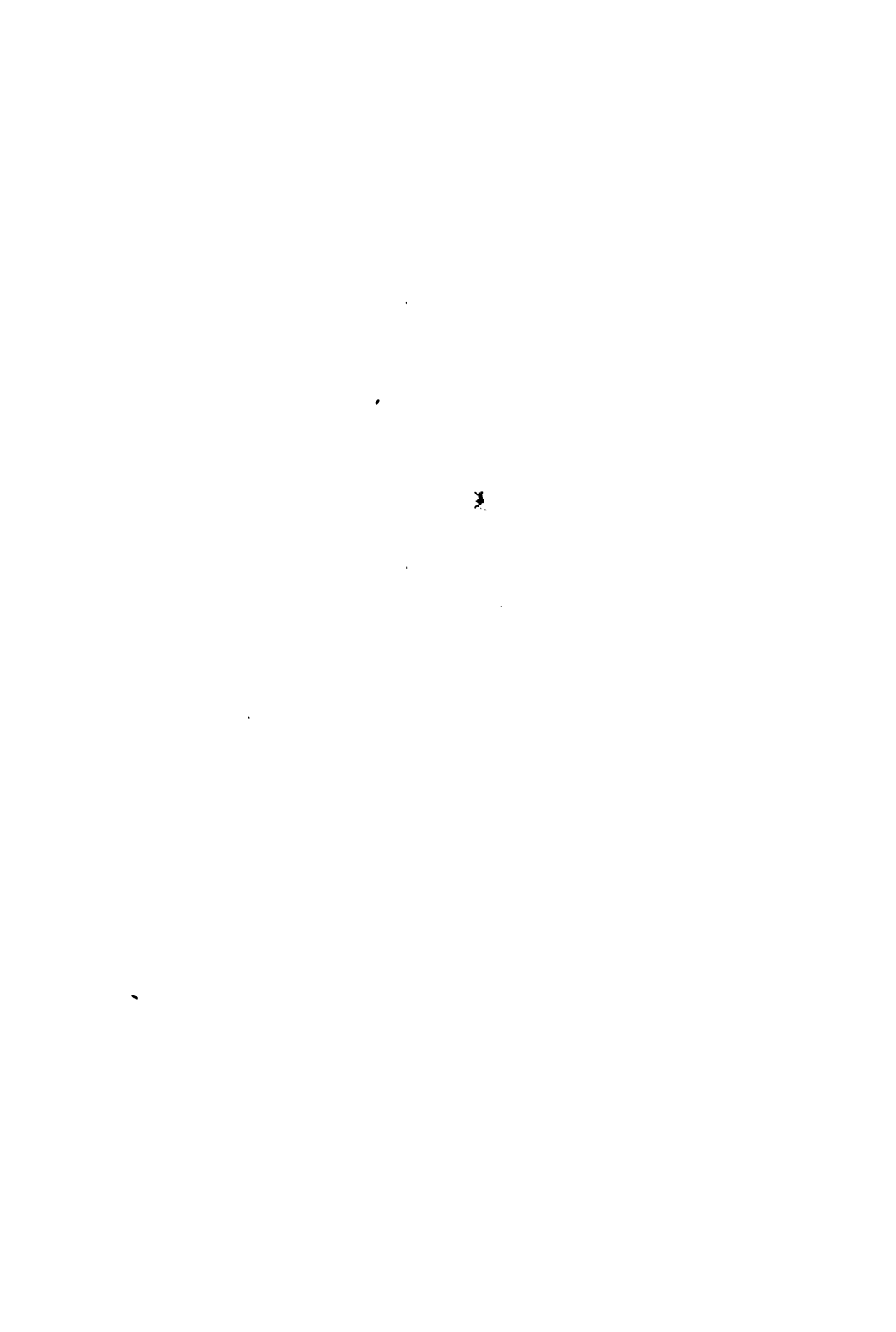


## DEDICATION

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I dedicate this book to the memory of my daughter, Freda Heilshorn Radue.

THE AUTHOR.



## NOTICE

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The granules, tablets and special preparations mentioned throughout this book are made by The Abbott Alkaloidal Company. Their goods have never failed me; and as reliability, strength, and purity of the remedial agents used are essential for the successful treatment of disease, I take this opportunity of recommending the preparations of The Abbott Alkaloidal Company.

Respectfully,

W. F. RADUE, M. D.



## PREFACE

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This little work was undertaken to explain, as briefly as possible, the dosimetric, or alkaloidal, treatment of the diseases of children; with a short description of each disease, and the usual doses of the various medicines used.

I have confined myself to the alkaloids as much as possible, this being my practice; but as we cannot treat all diseases with the alkaloids alone, I have also mentioned those not alkaloidal which I use. The main point, however, is to give small and frequently repeated doses to effect and then less often, as the case requires.

Although there are many that know something of the active-principle therapeutic method, I am convinced that there are many more who do not comprehend it as it should be understood, and for them I have undertaken this little work, giving my personal experience in treating children by this admirable method. If only a few can be convinced of the superiority of this method over the old one of giving large and nauseating doses, I shall feel that my effort is not in vain.

W. F. RADUE, M. D.



## CLINICAL EXAMINATION OF CHILDREN

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First: Inspection of the child, if asleep.

1. Note the attitude, whether the posture is natural or the reverse.
2. The color of the face, is it pale or flushed?
3. The color of the lips, are they livid or white?
4. The condition of the skin, is it moist or dry?
5. The expression of the countenance, is it natural, or is it indicative of pain?
6. The action of the alæ nasi, are they quiet or twitching? Is there any moaning, starting, or grinding of teeth?
7. Respirations, what is their number?
8. Are the eyes closed, staring or partly closed?
9. Are the fontanelles open or closed, or are they retracted, distended or strongly pulsating?
10. The pulse under two years should vary from 90 to 130, but after three years it is generally 100, although at 70 beats it may still be normal. The number of beats is of slight importance, but a slow pulse in a child is a serious indication.

Second: Inspection of the child, if awake.

1. Is it smiling or frowning? Is it excited or quiet, languid or fretful? Are the eyes surrounded by a dark circle? Is there any suffering?

An infant in perfect health should sleep eighteen or twenty hours out of twenty-four.



## 12 CLINICAL EXAMINATION OF CHILDREN

It is therefore important to discover whether a child's illness began with broken rest or sleeplessness.

a. Upon stripping a child, the following appearances should be noted. The surface of the skin should be mottled, the flesh firm, the skin elastic and smooth to the touch; the legs and arms should move with freedom; the joints should be examined as to whether large, small or swollen.

The respiration from one to three years should be 24 to 36 per minute and diaphragmatic in character. Eruptions should be looked for, especially around the anus. The stools of an infant should be yellow, and it should have three or four movements a day.

The gums should be examined to see whether they are hot, swollen or otherwise.

A child seldom lifts its head from the pillow until about the second month, and it is unable to sit erect until the fourth or fifth month.

### THE RESPIRATION.

In a child the respirations vary from 30 to 50 per minute. The average in infancy is about 40. From two months to two years it is about 36 per minute. From two years to six years, 20 to 24.

The expression of the countenance and the lower part of the face suffers chiefly in abdominal disorders. The cheeks are sunken and puckered. The lips are pale or livid. The middle part of the face is altered by lung and heart affections, the nostrils twitching, distended, or sharp. There are dark rings under the eyes, and a blue circle around the mouth.





The upper part of the face is mainly affected in cerebral diseases, eyes protruding, contraction of the forehead, knitting of the brows, and rolling or fixed eyes. In addition to the above signs must be noted pallor or redness, unequal dilatation of the pupils, and ptosis.

#### GESTURE.

This is often significant. In abdominal disease the child draws up its legs, and picks at the clothes. The face is anxious and sunken. In cerebral disease he puts the hand to the head, beats the air with uncertainty, rolls the head on the pillow, and pulls at his hair.

In severe dyspnea the child clutches at its throat, or puts the hand in the mouth when a false membrane is forming.

#### THE CRY.

This varies. It is labored or choking in capillary bronchitis or pneumonia. In brain disease it is sharp and shrill. In laryngitis it is metallic or brassy, and in tubercular peritonitis or marasmus it is wailing or moaning. Crying for several hours always indicates one of two conditions, hunger or earache. A cry accompanied by writhing or wriggling is intestinal. A low, dry, peevish cry, attending suppressed cough, indicates pneumonia. A loud, shrill cry on moving of child indicates pleurisy. Moaning is characteristic of alimentary disease.

#### POSTURE.

In addition to the upright position, the most noticeable one is the child lying on its side, the arms drawn close over the chest and the legs flexed

## 14 CLINICAL EXAMINATION OF CHILDREN

powerfully. This position is conspicuous in some cerebral diseases and in the later stages of tubercular meningitis.

### THE EVACUATIONS.

In health an infant should have four or five movements a day, of a light yellow or greenish yellow color, and the reaction should be acid with an odor of that of sour milk.

### THE TONGUE.

A red, hot, dry tongue indicates inflammation of the mouth and stomach; a furred tongue over which white curd is spread shows indigestion and intestinal irritation. Thrush, or sprue, may occur from neglect or starvation. A white fur points to fever; a flabby, pale tongue is an indication of weakness; a yellow fur indicates a disarrangement of the stomach and liver; a brown tongue points to a typhoid state; the strawberry tongue to scarlet fever.

### THE TEMPERATURE.

Twenty-four hours after birth the temperature is about  $100.5^{\circ}$  F.; forty-eight hours after,  $98.5^{\circ}$  F., and later on it averages from  $98^{\circ}$  F. to  $99.5^{\circ}$  F., and is perfectly normal; but when it is below  $97^{\circ}$  F. or above  $100^{\circ}$  F., some abnormal condition must be suspected.

### THE EYE.

<sup>177</sup> Strabismus or squinting is a serious symptom. It may result from paralysis, reflex irritation or convulsions, but after the subsidence of the convulsions the squint may remain for a time or even be permanent. When squinting is observed in





hydrocephalus, it is nearly always a fatal symptom. A large pupil is more common than a small one. The latter occurs in sleep, in opium poisoning and in cerebral congestion. Inequality of the pupils occurring in acute diseases is always a grave sign, but large pupils, if equal in size, are only to be considered serious if they are insensible to light. Children suffering from intestinal worms sometimes have irregular pupils.

#### THE PULSE.

An extremely slow pulse indicates brain disease. In early childhood the intensity of the symptoms bears no relation to the existing affection. Very intense fever with restlessness, screaming and convulsions may pass off in twenty-four hours without leaving a trace. Copious perspiration is never seen in young children; moisture entirely replaces it.

The fever in acute diseases of children always exhibits considerable remissions. In chronic diseases of small children the fever is nearly always intermittent.









## HYGIENIC POINTS

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### ALIMENTATION OF YOUNG CHILDREN.

1. The natural food of children (mother's milk) is to be preferred above all others.
2. Only where there are contraindications or where the breast milk does not appear, should a wet-nurse be employed.
3. Only in case of impossibility of procuring a wet-nurse should artificial food be employed.
4. The contraindication against the mother nursing must be actual disease or a predisposition to disease.
5. Hereditary syphilis demands the milk of the mother, and that of a wet-nurse should only be used with caution.
6. Examination of a given specimen of milk furnishes no clue as to its value in a given case.
7. Good cow's milk alone is fit to take the place of mother milk, and when a child must be artificially fed, the importance of good, sweet and pure cow's milk is necessary.
8. All children's foods, on account of the large quantity of starch they contain, are unfit for children during the first three months.

### SCHOOL HYGIENE.

1. Avoid the cramming process in education and the nervous excitement due to the spirit of rivalry.
2. Reduce the number of subjects in the curriculum, and shorten the periods of study.

3. Ventilate the school-rooms in accordance with the most approved methods.
4. Regulate the temperature of the school-room, and do not have it too warm. A temperature of 68° F. is the best.
5. Provide properly constructed and arranged seats and desks.
6. Instruct pupils to sit erect, and to hold the book or paper at least twelve inches from the eyes.
7. Provide highly myopic pupils with the proper spectacles, which will enable them to read at the natural distance of twelve inches.
8. Furnish pupils with well-printed books.
9. Furnish abundance of light without producing glare.
10. Provide for the physical education of school children, and teach them the importance of outdoor exercise.

#### THE CARE OF THE CHILD AT AND IMMEDIATELY AFTER BIRTH.

As soon as the child is born, it should be placed on its right side, as this favors the prompt closure of the foramen ovale. When respiration is thoroughly established the cord must be ligated and the child separated from its maternal connection. Now the child should be brought fairly in view, and as respiration is completely established, it may lie on its back, as a more convenient position for tying the cord. A strong silk thread or cord is sufficient, being careful to make it tight enough to prevent the oozing of blood. After the cord is cut, wash the stump with boric acid solution or any other antiseptic solution you may choose, and apply





over it a piece of sterilized gauze. This will be sufficient to prevent contamination.

After this, examine the child for the purpose of discovering any abnormal condition, if such exist, especially as to the urinary organs and rectum, so that they may be corrected in time to prevent danger to the child. Now you may begin and give the child a washing with warm water and soap. After this bath look after the eyes and mouth of the child, and wash out the mouth with warm water and the eyes with a two-percent solution of boric acid, being careful to remove all foreign matter so that there will be no danger of any ophthalmic trouble. It is a good rule to wash the eyes with boric acid solution three times a day for a week. This will prevent any risk of the eyes becoming infected.

I will now describe the toilet of the new-born. If the weather is cold, the toilet must be made in a warm room free from any drafts. The nurse or mother should prepare the bath beforehand, and have everything handy, so as not to prolong the bath unnecessarily. The temperature of the water should be between 100° F. and 110° F., not below 100° F. The best soap to use is good white castile, and the wash cloths and sponges should be soft.

After each bath wash out the mouth and carefully wipe the eyes. Dress warm in winter, and use light and cool materials in summer, being careful to keep the child out of drafts, as I consider drafts the cause of more sickness among children than anything else.

The bath should be given daily; and after the cord sloughs off and the stump is red or moist,



you may apply a zinc ointment, or you can dust it with boric acid powder. This will dry it up in a few days.

#### ABNORMAL CONDITIONS AT BIRTH.

We must not always expect to find the child in health at birth. Sometimes there is a condition of debility and weakness; sometimes the child is apparently dead; and sometimes *really dead*.

#### STILLBORN.

The causes of these abnormal conditions vary: they may be the result of accidents of gestation and parturition, or due to a diseased condition in the father or mother or both, or prolonged and tedious labors; and where the child is delivered with the forceps you often get a modification of the dimensions of the head. It is not well to interfere in the latter cases. The proper treatment is to trust to nature, and not attempt to force or squeeze the head into shape. If left alone the natural elasticity of the structures will in a few days bring the parts into harmonious relationship.

The swelling of the scalp (caput succedaneum) occurring as a sequence of tedious labors, is best left alone, and will be absorbed in a few days without any trouble. If you find a more serious condition of the head that requires surgical or other treatment, it must be looked after, and the medical or surgical treatment given as the case may require.

#### INFANT FEEDING.

In reviewing the immense amount of literature that has been printed on the subject of infant feed-





ing, we find that the superiority of breast feeding is acknowledged by all. The great number of artificial foods used by physicians only proves that bottle-feeding has as yet proved a poor substitute for breast milk.

As to the various foods offered to the profession, the peptogenic milk powder, fresh cow's milk, and unsweetened condensed milk are best; but you may vary the foods as you find them agreeing with the child. Some thrive on one kind of food and some on another. You must find the one that agrees, and keep to it.

#### WET-NURSES.

The difficulty attending the selection of a wet-nurse is of such a character that the physician must bring into play his professional knowledge, and must exercise the greatest care. No one else should assume the responsibility. The risks to the infant are so serious that the physician should always be consulted in regard to the selection of a wet-nurse. The moral character should be considered above all, such as bad temper, intemperance, and lewdness. She should be examined to see if there is any disease with which she is afflicted, and her family history must be looked into for any trace of hereditary disease. The person herself must be neat, clean, and tidy, and above all, she should be a Christian woman, if possible. I am sorry to say that the above requirements are seldom found. Therefore, if you must have a wet-nurse, do the best you can, and, if not satisfactory, there is nothing left but artificial feeding by giving either fresh cow's milk or unsweetened condensed milk.

## WEANING.

Weaning may be defined to be the period of infancy when the child is to be deprived of breast milk, and such changes are made in its alimentation as are rendered necessary. The time of weaning cannot be fixed at the same age for all infants. Many physicians claim that the best time to wean is between the ages of twelve and eighteen months. This is no doubt good in individual cases, but I have found that some of them can be weaned at the ninth month, unless it happens to be during the months of June, July and August, when I generally keep them at the breast until September or October. But for weaning I find the ninth to the twelfth month best, although others may differ with my opinion.

## DIET AFTER WEANING.

While most mothers will appreciate the value of milk as the chief food for infants during the first year, very few will be convinced of its value as such after weaning.

We may begin with a little farinaceous food and light meat broths, this in moderation. Oat-meal and barley may be given alternately; bread, jelly, cow's milk, zwieback and crackers soaked in milk. Peptonized beef is a good preparation.

The feeding should be as often as five or six times a day.

I here give a table of feeding, as an example:

First meal at 8 a. m., a cup of milk, or milk and water and a slice of buttered bread.

Second meal at 10 a. m., a cup of mutton, beef or chicken broth with zwieback or stale bread.

Third meal at 1 p. m., a slice of buttered bread with a cup of chicken broth or milk.

Fourth meal at 5 p. m., a cup of milk and buttered bread, or zwieback, or crackers broken into the milk.

Fifth meal at 9 p. m., a cup of milk with zwieback or crackers.

As the child grows older you may increase the variety of foods to suit the case.

#### DENTITION.

The term dentition, as generally used, refers only to that stage of development when the tooth is penetrating the superficial tissues of the gums. The period between the seventh month, when the first teeth appear, and the end of the second year at which time the second temporary molars erupt, is spoken of as the dentition epoch. By the second dentition is meant the eruption of the permanent teeth.

#### ERUPTION OF TEETH.

Between the sixth and seventh months after birth, the two lower central incisors erupt usually together. Between the eighth and tenth month the upper central incisors erupt, followed by the two lateral incisors. Between the twelfth and fourteenth months the two upper anterior molars, the two inferior lateral incisors, and the two lower anterior molars, appear in the order named. Between the sixteenth and twenty-second months the four canine teeth erupt, and then up to the third year the four posterior molars erupt. The eruption of the twenty milk teeth is now complete,

and no more teeth appear until the fifth or sixth year, when the eruption of the permanent teeth commences. The temporary teeth then drop out as the others appear. The eruption of the permanent teeth appears as follows:

Sixth year, first molars.

Seventh year, central incisors.

Eighth year, lateral incisors.

Tenth year, first bicuspid.

Eleventh year, second bicuspid.

Thirteenth year, canines.

Fifteenth year, second molars.

Twenty-first year, wisdom teeth.

It is not uncommon for dentition to begin prior to the sixth or seventh month. Some children are even born with teeth, although I have not seen it during my time of twenty years' practice; and some children have a retarded dentition which does not occur until several months after the normal period. Others have a deficiency in the number of teeth, while others have supernumerary teeth, and still others whose teeth do not erupt in the normal period but in which there is an irregularity in the eruption. There is also a malposition of teeth in some and malformation in others.

#### MANAGEMENT OF DENTITION.

There are various notions and superstitions in relation to the care of children during dentition. Some mothers are very superstitious and others not. The various superstitions are too numerous to mention. When the teeth appear and the gums are sore and hot, you must manage them according to the urgency of the symptoms.







## PRACTICAL PRACTICE POINTS

1. Always hesitate to diagnose rheumatic pains in young children in an off-hand way. Remember, acute periostitis stimulates acute rheumatism very closely.

2. Do not forget the following rules in acute periostitis:

I. Prompt incision.

II. Free incision.

III. Free drainage.

3. Do not neglect morphine in the shock of burns in children, but give it cautiously and by the mouth, *never give it hypodermically* to children, as you may not be able to recall it.

4. Always be ready to perform tracheotomy in burns and scalds of the mouth because of edema of the glottis.

5. Never prescribe for an inflamed eye without

I. Examining for a foreign body.

II. Seeing if the cornea or iris is implicated.

III. Determining the presence or absence of tension of the globe.

6. Do not trust the nurse with verbal instructions for washing out the baby's eyes in infantile ophthalmia. Show her how to do it.

7. Never permit a wet-nurse to be employed without examining into her history and state of health.

8. Never permit a healthy wet-nurse to suckle a syphilitic child or a child of syphilitic parents.

9. Remember that no age is too young for a truss and no hernial protrusion should be without one.

10. Never prescribe for a case of vomiting without inquiring about hernia and making a personal examination of the abdominal rings.

11. Never regard the case of a limping child lightly, and never omit to examine the hip when pain is complained of in the knee, and do not forget that proof of knee-disease is no proof of absence of hip-disease of the same side.

12. Always suspect a foul discharge from a child's nose as due to a foreign body if the discharge be from one nostril.

13. Do not forget in all cases of dysphagia or violent dyspnea in infancy to examine the pharynx for retropharyngeal abscess.

14. Do not neglect in all cases of sudden dyspnea in a child to pass the finger into the upper part of the larynx to search for a foreign body.





## THE DIAGNOSTIC VALUE OF SPECIAL SYMPTOMS

1. One which is likely to attract attention at once is a strongly pronounced nasal or palatal resonance in the cry of a child. This is in many cases the first symptom of retropharyngeal abscess. This symptom is also present in some other affections, such as ozena, congenital syphilis, and hypertrophy of the tonsils.

2. A prolonged and loud sounding expiratory act, with normal inspiration and complete absence of asphyxia, is sometimes diagnostic of chorea major.

3. A sighing inspiration which is continuous and seems to originate from the upper portion of the thorax indicates the beginning of heart weakness and paralysis, and sometimes a developing acute fatty degeneration of the heart.

4. A strongly pronounced diaphragmatic expiratory act, shrill and penetrating in character, is of value in diagnosing the bronchial asthma of childhood.

5. The occurrence of pauses between the end of expiration and recurring inspiration generally indicates laryngeal catarrh or croup.

6. Continuous stridulous respiration from the time of birth is not frequently seen, but often is without important significance. This is due to some fault of innervation especially with respect to the inhibitory fibers of the vagus.

7. The individual symptoms now referred to are mainly diagnostic of diseases of the brain. The first

## 28 DIAGNOSTIC VALUE OF SPECIAL SYMPTOMS

is a very pronounced drowsiness which is unattended by fever. When occurring in children who are pale, unusually quiet and apathetic, it is very often an initial symptom of basilar meningitis.

A second symptom of the series is a resistant and noncompressible anterior fontanelle, which is considerably elevated above its ordinary level, and is present in cerebrospinal and ventricular meningitis, in acute, simple, and complicating hydrocephalus, tumors of the brain, and in intermeningeal apoplexy of infants. It is also a symptom in fevers and in various inflammatory conditions; but its especial value consists in its indicating that there is independent disease of the brain.

The third symptom consists in a remarkably slow, infrequent moving of the lids, and is considered an indication of beginning of basilar meningitis.

8. The following symptoms are in respect to the crying of children: The first is a violent penetrating cry, lasting two or three minutes, accompanied with an anxious expression of countenance, and occurs about an hour after the child has gone to sleep. This indicates night terrors.

Second, there is a cry which lasts five or ten minutes, and is periodical day and night. This indicates colic or dyspepsia, or spasmodic action of the bladder.

Third, a cry associated with fear, whenever the act of defecation takes place, indicates obstinate constipation and fissure of the anus.

Fourth, a painful continuous cry with restlessness of the head upon the pillow, and frequent grasping of the head, indicates an otalgia or an otitis externa and media.







Fifth, another cry for days and weeks, exaggerated by touching and moving of limbs, and associated with paroxysms of sweating and fever. This is indicative of acute general rachitis or congenital syphilis; it also occurs from errors in diet.

Sixth, there is a cry kept up day and night, which is associated with a history of exhausting discharges and consequent thickening of blood.

9. A final series of symptoms is, first, the peculiar physiognomy of congenital syphilis; second, a decided falling together of the nostrils, with total absence of motion in them during inspiration, and significant narrowing of the nasal cavities. Indicates hypertrophy of the tonsils of a decided type. Next, is a disinclination or inability to move. It is associated with profound weakness and indicates approaching or existing spinal paralysis. Weakened power of hearing sometimes indicates circumscribed meningitis. An indication of rachitis is often seen in delayed ossification of the cranial bones.

An anxious, awkward posturing in walking, sitting, rising and bending, and a painful contracting of the facial muscles in those who cannot walk, is a valuable sign of beginning spondylitis. A constant vomiting lasting for several weeks, occurring in children with closed fontanelles and large cranial circumference, indicates a chronic hydrocephalus which has taken an acute form. Finally, an attack of convulsions may occur, which is the primary indication that the child has epilepsy. In such a case it is important to know as many symptoms as possible before rendering a positive diagnosis, and all the points in relation to the con-

### 30 DIAGNOSTIC VALUE OF SPECIAL SYMPTOMS

vulsions should be taken into consideration before a diagnosis of epilepsy is given.

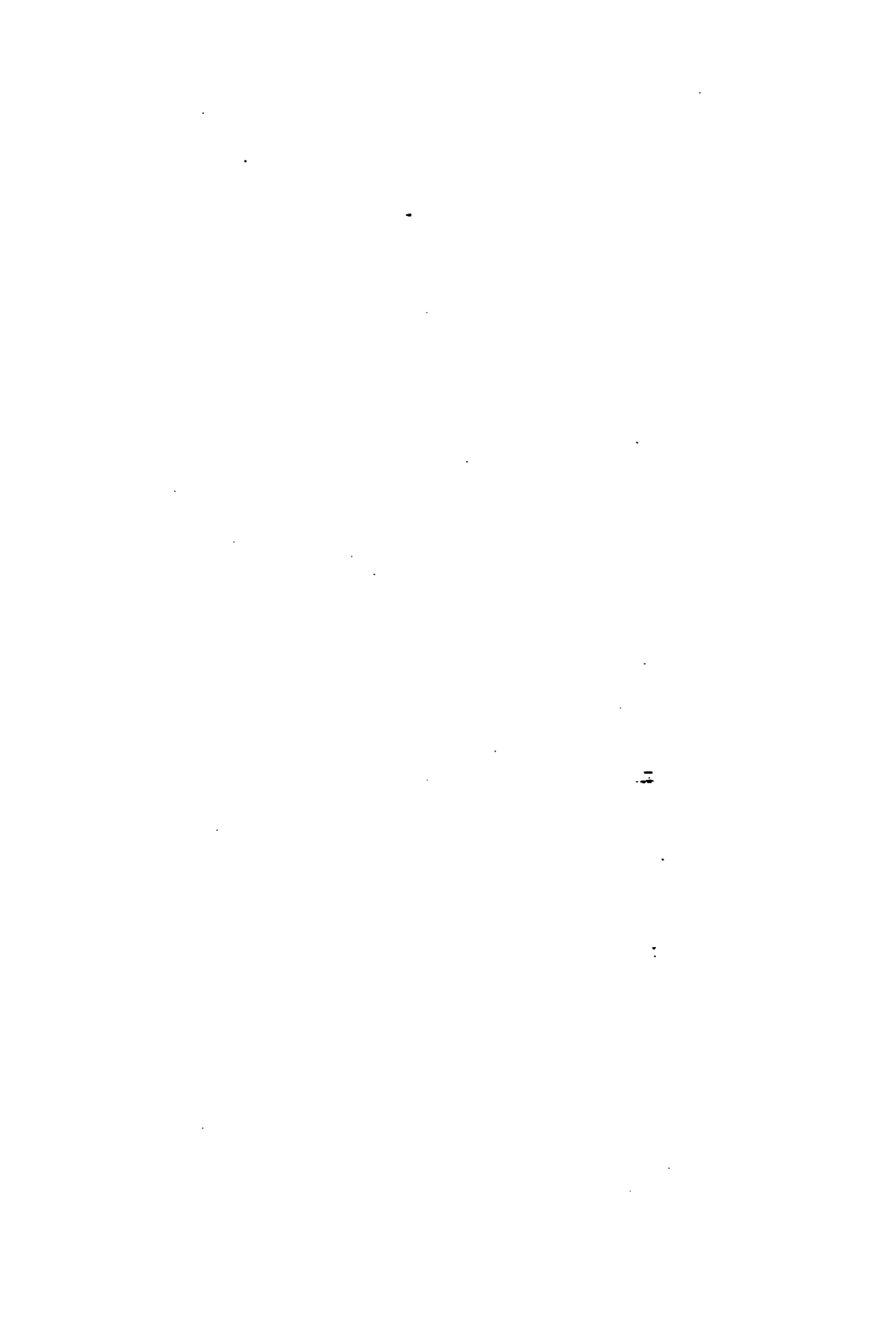
10. As a general rule a sad child has an encephalic lesion; a furious child has an abdominal one; and a soporific child has both, though indistinctly defined.

A sunny living room, a clear skin, cool head, warm feet, and open bowels are a few great points of infantile hygiene.

To dispute the clinical value of tracheotomy and intubation in croup is a waste of time to no good purpose. Croup or no croup, if there is a positive obstruction to respiration in the larynx, it is necessary to open a way for sublaryngeal respiration; and in these days of advancement in medicine and surgery, tracheotomy and intubation are ranked among the minor operations. Every physician should be able to perform them. In dentition it is not the direct or eruptive pressure but the lateral pressure of all the teeth together that is most dangerous. It is from this that so many cerebral symptoms appear which can in no way be relieved by incisions in the gums. The only recourse against the dangers of this transverse pressure is to give the child more nourishment until the general conditions are better, when the local conditions will also improve. Of course, the medical treatment of the above conditions must be given according to the symptoms of the case on hand.

If the incisors of the first dentition are serrated, it is bad, but if those of the second formation are the same, it is worse, and foretells a number of lesions arising from deficiency of mineral salts in





the tissues. There is only one exception, which is an important one, when the serrated incisors are seen in strong children in whom the fontanelles have closed early; it is a sign of robust constitution.

The body of a child possesses such a degree of acoustic transparency that in case of necessity or convenience auscultation may be practised with the hand, converting it into a telephone, which will reveal as much as one's ear could do.

In practice it is well to distinguish with precision a case in which disease is due to lumbricoids from one in which lumbricoids are due to the disease. In the former, anthelmintics are of service, but in the latter they do harm.

The entire system of the moral relation between children and adults should be changed. To speak to them incorrectly merely because they cannot pronounce well, to excite their fears and to arouse their weird imaginations simply because they are naturally inclined to be vain, is not only wrong but may be harmful to them.

A large portion of the ailments of children are simply some form of irritation of the digestive organs, or of the respiratory organs, and are best treated by small and frequently repeated doses of medicines as aconitine, atropine, hyoscyamine and mercury, also chalk, as well as the intestinal antiseptics. Morphine should rarely be given to small children.

DIRECTIONS FOR MAKING MODIFIED MILK FOR  
INFANTS.

Table "B" is suggested by the best authorities on this subject although the formulas given will not meet the requirements in every case.

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Table "A:" Eruptive Fevers

DISEASES	INCUBATION PERIOD	MODE OF ONSET	ERUPTION APPEARS	CHARACTER OF ERUPTION	ERUPTION DISAPPEARS	HOW LONG CONTAGIOUS
<i>Scarlet Fever</i>	2 to 4 days	Sudden vomiting, sore throat, high fever, and sometimes convulsions.	On end of 1st or 2nd day, on the chest and neck first punctate.	On end of 1st or 2nd day, on the chest and neck first punctate.	In 4 or 5 days where it appears first, generally copious desquamation in shreds.	As long as desquamation lasts.
<i>Measles</i>	8 to 10 days	Rather sudden, with catarrhal symptoms and moderate fever.	Between 3rd and 5th day, first on forehead and behind ears.	Between 3rd and 5th day, first on forehead and behind ears.	In about 4 or 5 days.	For about 10 days after eruptions.
<i>Smallpox</i>	10 to 14 days	Sudden chill, high fever, pain in loins and headache.	3rd or 4th day, fully formed pustules on the 6th and 8th day.	Red spots becoming pimples, vesicles and pustules.	Desiccation at end of 2nd week, crusts slowly separate leaving pits.	As long as scabs reform.
<i>Chicken Pox</i>	About 2 weeks	Sudden, slight symptoms, sometimes none.	Within 24 hours, often in successive crops.	Pink pimples, becoming vesicles.	In 3 or 4 days, drying up without suppuration.	Until shedding of dried crusts.
<i>Typhoid Fever</i>	10 to 14 days	Generally comes on gradually.	7 to 14 days	Pink spots, few in number.	Variable.	Throughout the disease, danger in stools.







Table "B:" Making Modified Milk for Infants

AGE	UP TO TWO WEEKS	UP TO SIX WEEKS	UP TO THREE MONTHS	UP TO FIVE MONTHS	UP TO NINE MONTHS	UP TO TWELVE MONTHS
Milk.....	2 ozs.	3½ ozs.	3¼ ozs.	10½ ozs.	18 ozs.	36 ozs.
Cream.....	2 ozs.	3½ ozs.	3¼ ozs.	4½ ozs.	6¼ ozs.	4½ ozs.
Lime Water.....	1 oz.	2 ozs.	1½ ozs.	1½ ozs.	2½ ozs.	none
Milk Sugar.....	1 oz.	2 ozs.	1½ ozs.	1¾ ozs.	3 ozs.	1½ ozs.
Water.....	15 ozs.	23 ozs.	21 ozs.	19½ ozs.	21 ozs.	Barley Gruel
Daily quantity according to the weight of baby...	16 to 20 ozs.	18 to 28 ozs.	22 to 32 ozs.	28 to 36 ozs.	40 to 50 ozs.	44 to 54 ozs.
Number of feedings a day.....	10	10	8	7	6	6
Intervals.....	2 hrs.	2½ hrs.	3 hrs.	3 hrs.	4 hrs.	4 hrs.
Quantity at each feeding.....	2 ozs.	2½ ozs.	3½ ozs.	5½ ozs.	8 ozs.	9 ozs.

### **34 DIAGNOSTIC VALUE OF SPECIAL SYMPTOMS**

The milk when prepared should be kept on ice and that taken out for each feeding must be warmed. The nipples should be kept in a solution of borax water.





# DISEASES OF CHILDREN AND THEIR DOSIMETRIC TREATMENT

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## RACHITIS OR RICKETS.

This disease is due to faulty and abnormal nutrition and perverted and impaired function of the tissues from which bone is developed.

### *Treatment.*

This requires both hygienic and therapeutic measures. The room of the patient should be light, airy and dry. The child should be taken in the open air and sunlight daily, in favorable weather, and the diet should be bland, easy of digestion and nutritious. Cleanliness is absolutely necessary, and the clothing must be sufficient to protect from vicissitudes of temperature.

As to medicines, cod-liver oil, lime, iron, and nuclein are the remedies. For a child two years old give one-half a teaspoonful of cod-liver oil three times a day, one hour after feeding. Give calcium lactophosphate, 1-6 of a grain three times a day. Iodide of iron, 1-24 of a grain, and calx iodata, 1-3 of a grain three times a day, are also of decided value; and give an occasional calomel purge followed by a saline laxative. Nuclein may be given with benefit, from 1 to 5 minims three times a day, on the tongue.

## SCROFULA.

This is a disease chiefly of infancy and childhood, and is congenital or acquired. Parents who



*Treatment.*

It is evident from the above that measures which tend to prevent its occurrence should be taken. Therefore strumous children should be watched with great care, and measures employed to invigorate the system, such as outdoor life, good, plain, nutritious food, plenty of fresh air and sunlight. Be careful to avoid all exposure to sudden changes of the temperature.

As to medicines give cod-liver oil, nuclein, lactophosphate of calcium, quassin to stimulate the appetite, and iodide of iron. If intracranial, give calx iodata to toleration. The dose of the above medicines for a child of five years is, cod-liver oil one teaspoonful after meals; nuclein, one 2-m. tablet at 9 a. m., 3 and 9 p. m.; lactophosphate of calcium, 2 or 3 1-6-grain granules after meals; quassin 1-12-grain before meals; iodide of iron 2 1-12-grain tablets after meals; and calx iodata 1-3 to 1-2-grain three times a day. Give more if it can be tolerated. Thiocol, 5 grains three times a day for a child five years old is excellent. Do not forget to clean out, clean up, and keep clean. Treat complications as they arise.

## SYPHILIS.

This disease in infancy presents itself under two forms, congenital and acquired. Congenital syphilis may be derived from either father or mother. If both parents have syphilis the infant is almost necessarily syphilitic, and the contagiousness of secondary manifestations is now fully established.

*Treatment.*

Syphilis in the infant requires mercurial treatment as in the adult, either by inunction or internal medi-



cation. You may use either blue ointment or the ointment of oleate of mercury. Dilute according to the age of the child. For a child one year old, give internally hydrargyrum cum creta, 1-6 to 1-3 of a grain three times a day, or bichloride of mercury, one granule of 1-134 of a grain three or four times a day; or you may give the protoiodide of mercury in doses of 1-24 to 1-12 of a grain three times a day, according to toleration. Quassin before meals is a good stimulator of the appetite. Look after the bowels. Give good, plain food and look after the hygienic conditions. Treat complications as they arise. Calx iodata, 1-3 of a grain three times a day, is excellent treatment; this being better than iodide of potassium.

#### MEASLES, OR RUBEOLA.

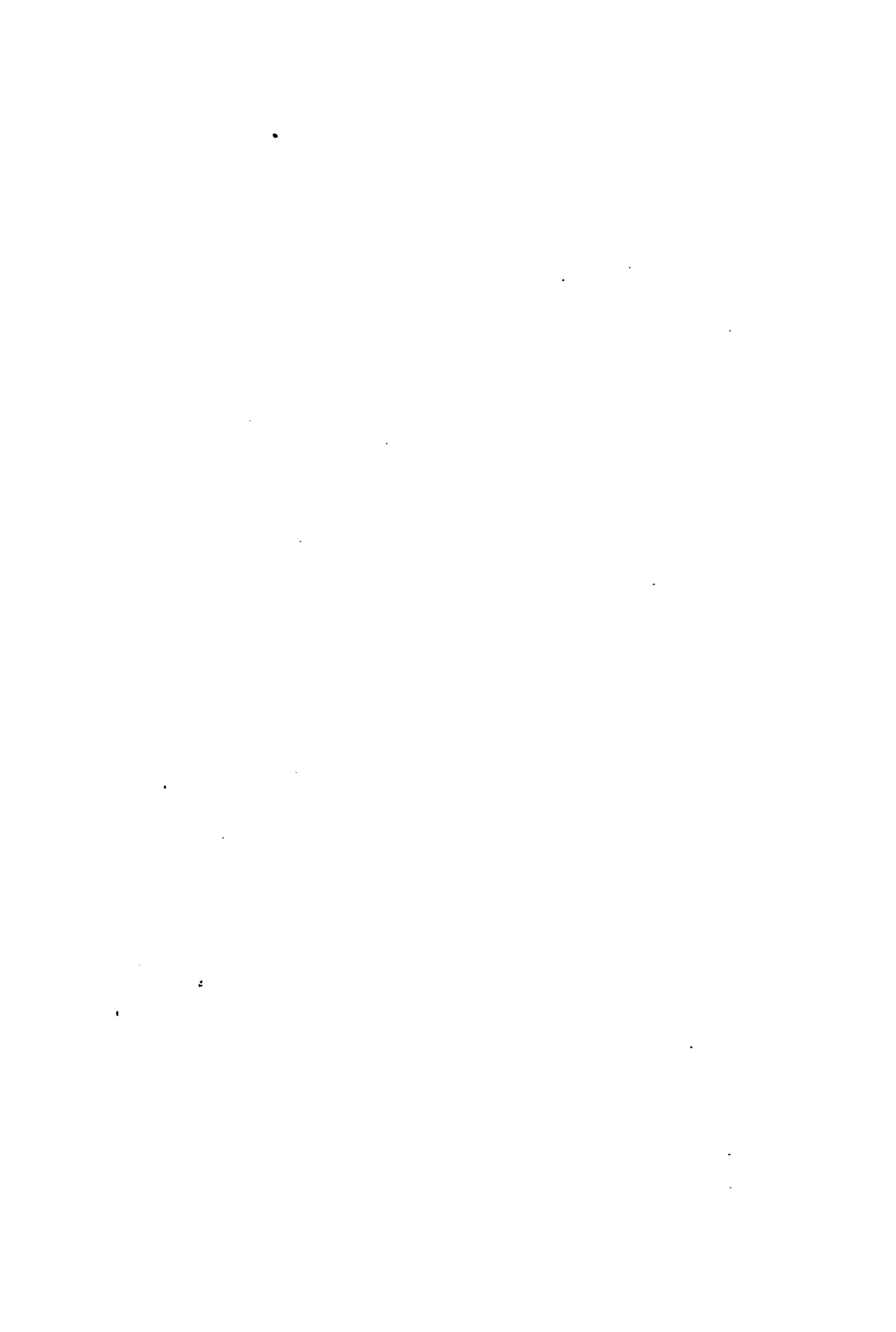
This is a common exanthematic affection, occurring at any age, but most frequently in childhood, and has three stages. First, invasion, which ends with the appearance of the eruption; second, the eruption; third, the stage of decline, or desquamation.

#### *Treatment.*

Put the child in an airy room at a temperature of about 68° or 70° F., being careful that there are no drafts, and keep the room moderately dark. Now give a child five years of age six 1-6-grain granules of calomel, one every half hour until all are taken, followed by a teaspoonful of saline laxative (Abbott) to clean out. Give enough intestinal antiseptics to keep the bowels sweet, then for the fever give aconitine or dosimetric trinity according to my dose-table in another part of this book.

Now give a 1-6 grain granule of calx sulphurata every hour until saturation, then when the breath





smells of the sulphide, you may reduce the dose to one granule three or four times a day. Keep up the sulphide until desquamation, not forgetting an occasional calomel purge followed by a saline laxative. Spray the throat with a solution of equal parts of hydrogen peroxide and listerine, or you can dissolve one menthol compound tablet (Abbott) in half a glass of water and use that as a spray or gargle. For glandular affections apply iodine or mercurial ointments diluted according to age.

With the above treatment you may be assured of quickly curing your patient. If the rash does not come out as quickly as you desire, a few doses of atropine will do the business, say three granules of 1-250 of a grain in 24 teaspoonfuls of water; of this give a teaspoonful every hour until the rash appears, then stop.

#### SCARLET-FEVER.

The terms scarlet-fever, scarlet-rash, and scarlatina are synonymous, and signify a most common disease of childhood. It should be borne in mind that this disease can not be aborted, but it can be shortened by dosing with proper medicines in small and frequently repeated doses.

#### *Treatment.*

The first thing to do is to give a child of five years of age 1-6 of a grain of calomel every half hour for six or eight doses, followed by a saline laxative. Give intestinal antiseptics to keep the bowels sweet; then if the fever is high, say 103.5° or 104° F., put 10 granules of aconitine or dosimetric trinity into 24 teaspoonfuls of water, and

give a teaspoonful every hour for eight doses, and then every hour. When the fever comes down to 100.5° F., or less, give a teaspoonful every one, two or three hours to keep it there. If required, you may give it until you get a decided effect.

As one case requires more and another less, you will have to use your own judgment and give dose enough, and above all watch its effect on the pulse, and stop as soon as you have accomplished the effect required, then give less so as to keep the temperature below the danger point. In very high temperature, where you desire a quick reduction, the warm bath, gradually cooled from 90° F. to 70° F., or less, is the best treatment. In most cases I prefer the application of cloths wrung out of ice-water applied on the forehead; or an ice-bag on the head is an excellent procedure. Cold cloths over the glands of the neck when these are involved are very good and prevents suppuration in many cases.

Now as to medicines: Give the patient one granule of 1-6 of a grain of calx sulphurata every hour until saturation and then give less, but enough to keep up the effect. Give this until desquamation is well advanced. At this time it is well to anoint the whole body with vaseline daily, and a daily warm bath will help the desquamation, but be careful that your patient does not get in any drafts. If the throat is sore, spray with a solution made by putting a menthol compound tablet in half a glass of water. This is an excellent combination, and may be sprayed in the throat every hour or more. In older children it can be used as a gargle.

If complications, such as diphtheria or croup, occur, you must treat accordingly. In diphtheria you may





use antitoxin. In croup give calx iodata (Abbott) 1-2 grain frequently, in hot water, until relieved, then less often as required.

If renal complications occur, treat with digitalin, 1-67 of a grain every one or two hours. Acetate of sodium is very useful in this affection, as are warm poultices over the region of the kidneys. If dropsy occurs, give calomel and saline purges, and diuretin, five grains three times a day. Apocynin and asparagin are also very useful.

Of late I have been in the habit of giving equal parts of aconitine and dosimetric trinity for the fever, thereby giving the patient digitalin from the start. I now very seldom have any kidney complications. In fact, if you treat your patients as above outlined, you will carry them through to safety in a short time, and rarely will you have any serious complications or death.

In convalescence give tonics, as iron, quinine and strychnine arsenates (Abbott), one granule three times a day after meals, with 1-12 of a grain of quassin before meals. You may give nuclein, one two-drop tablet at 9 a. m., 3 and 9 p. m. This has a wonderful building up effect. If other complications occur you must treat accordingly; but as I have said, if the above treatment is fully carried out, you will rarely have complications.

#### VARIOLA, OR SMALLPOX.

This is a specific febrile affection accompanied by a vesiculopustular eruption of the skin. This disease presents four stages: First, invasion; second, eruption; third, desiccation; and fourth, desquamation. Epidemics of this disease occur occasionally.



*Treatment.*

For medical treatment begin and clean out with calomel 1-6 of a grain, one every hour for six doses, followed with a saline laxative. For a child of five years give calx sulphurata, 1-6 of a grain granule, with nuclein 1-6 of a grain, every hour until saturation,—the more the better.

Give aconitine for fever according to my table found in another part of this book. Push the dose to double that rule if required, or to dose enough to reduce the temperature below the danger point. Where fever is slight and there is a weak and feeble pulse, push strychnine, digitalin, or sparteine sulphate. Caffeine is also a good heart stimulant, as is cactin. Here it is a good plan to keep the bowels sweet with the intestinal antiseptics (Abbott's), one to three grains three times a day. Open the vesicles and apply carbolic acid, followed by alcohol. For the face ichthyol, two drams; olive oil, six drams; is a good application. Keep the bowels open with saline laxative and an occasional dose of calomel. In convalescence give iron, quinine and strychnine arsenates with nuclein, one tablet after meals.

If the above treatment is pushed to its full extent, success will be yours. Of course complications should be treated accordingly, but will rarely occur with the above treatment.

## DIPHTHERIA.

Diphtheria is a disease of antiquity, dating back to the beginning of the Christian era. It is preëminently a disease of childhood, most cases occurring between the second and tenth year—seldom during the first year of life, although I have seen it in an infant





seven weeks old. This disease is both primary and secondary.

*Treatment.*

Although diphtheria is one of the most common of the severe infectious diseases in this country, physicians are far from agreeing as to the proper mode of treatment. I therefore give here the treatment I have found successful in the majority of cases in a practice of twenty years, although it has been greatly improved upon in the last five years of my dosimetric experience with the alkaloids, but as in many cases we cannot always use the alkaloids we must use other drugs in addition where needed.

To begin with, I will say that if your patient is five years of age, give him or her 1-6-grain doses of calomel, one every half hour until all are taken, followed by a saline laxative. For fever in this disease, if it is 103° F. or more, put five granules of aconitine and five granules of dosimetric trinity into 24 teaspoonfuls of water. Give a teaspoonful every half hour for six or eight doses, and then every hour. Repeat this from day to day until the fever is under control, then reduce the dose accordingly. With this give calcium sulphide in solution, 1-3 of a grain every hour until saturation, and keep it up throughout the disease. Apply ice-cloths to the throat, changed frequently, to reduce the swelling and to prevent this if not already present. Spray the throat hourly with equal parts of hydrogen peroxide and listerine. If there is much membrane in the throat, blow in a powder of equal parts of trypsin and bicarbonate of sodium hourly. This will help to clean the throat, or if you desire, you can use trypsin alone.

For those physicians who so desire—and I am greatly in favor of the same—at once when called to a case, inject 5,000 units of Lederle refined concentrated antitoxin, and repeat in twelve hours if necessary, still pushing the above treatment, with a nourishing liquid food.

Do not forget elimination. If the heart wavers give strychnine and cactin. Of late years I have had excellent success in diphtheria by the hypodermic injection of nuclein in ten to fifteen drop doses twice a day. If complications occur treat accordingly. For convalescence give triple arsenates, one granule after meals, with one 1-12 gr. granule quassin before meals. The above treatment is all that may be desired in the successful management of diphtheria.

#### PERTUSSIS, OR WHOOPING-COUGH.

This is an infectious disease attended and manifested by a catarrh of the air-passages. This catarrh gives rise to a cough which does not differ during the inception and declining period from any other cough, but during the middle period it is spasmodic. The paroxysm generally ends with the expectoration of viscid mucus. Pertussis rarely affects the same person or child more than once.

#### *Treatment.*

Under the old method of treatment this affection would run a course of eighteen weeks; but under the modern method of dosimetric medication it can be aborted in two or at the most three weeks, if seen early enough.

For a child five years old begin with calomel and saline purges. Now put five granules of atropine sulphate, 1-250 of a grain, into 24 teaspoonfuls of





water, and give a teaspoonful four times a day. Increase the dose if necessary until you get the dilated pupils, and then reduce, but give enough to maintain its physiological effects. Now put into another glass 24 teaspoonfuls of water and put into it 24 granules of calcium sulphide of 1-6 of a grain each, and give a teaspoonful every hour until saturation; then reduce, but still keep up enough dosage to effect. If fever is present, add aconitine according to my table found in another part of this book. With the above treatment you can abort all cases in two or three weeks if seen early enough.

#### PAROTIDITIS, OR MUMPS.

Ordinarily mumps has no premonitory stage, but in exceptional cases languor with fever precedes the outbreak for a few hours. There is tenderness in the parotid glands, followed by swelling which gradually increases. The inflammation is specific and reaches its maximum in from three to six days.

#### *Treatment.*

Treatment is simple. Begin with calomel, 1-6 of a grain every half hour for six or eight doses, followed by saline laxative; then give aconitine for fever. Push calcium sulphide to saturation. Phytolaccin is also excellent. Apply the following: Tincture of opium, two drams; olive oil, six drams. Rub this into the swollen glands three times a day and cover with oakum. Of late I find that you get better results by applying cold cloths over the swelling, changed frequently, and kept up until all swelling is gone. Occasionally in indurated cases after the acute stage a 10-percent oleate of mercury rubbed into the glands will cure.



**MALARIAL FEVER.**

This is a constitutional malady produced by a miasm which emanates from the soil, is transmitted to man by infected mosquitos, and occurs in malarial districts in the fall and spring of the year.

*Treatment.*

Begin with a calomel purge, and give intestinal antiseptics enough to keep the odor from the stools. Then for a child of five years give 1-24 of a grain of quinine arsenate, and 1-24 of a grain of berberine every two hours. Keep the bowels open with saline laxative. If it is of an intermittent type, add to the above hyoscyamine, 1-1000 of a grain, and capsicum, 1-24 of a grain. If it is of a bilious nature, give a teaspoonful of Warburg's tincture, one hour before breakfast. This is my most successful treatment.

**TYPHOID FEVER.**

Typhoid fever occurs in childhood but is less common in infancy. It is not a contagious disease but its specific principles abounds in the dejections and excretions of the patient. It is caused by a bacillus produced in decaying animal and vegetable matter, from defective sewerage, well-water contaminated by sewerage and milk put in cans cleaned with contaminated water. It is a constitutional disease, and can be diagnosed by Widal's method, and by blood examination under the microscope. If in doubt in your diagnosis, Widal's test should always be made.

*Treatment.*

The old do-nothing method of treating this disease has passed; thanks to the fathers of intestinal anti-





sepsis this disease is no more to be dreaded, and can be most successfully treated by intestinal antiseptics.

I will herein mention only those which I find of most value: Begin by giving a calomel purge, then, for a child of five years of age, put ten granules of dosimetric trinity into 24 teaspoonfuls of water, and give a teaspoonful every hour or two to keep the fever within the bounds of safety. If fever is high you can reduce it by the cool baths, or you may apply cold cloths to the head and abdomen until it is reduced. Repeat when the fever rises again, and repeat when necessary.

Now begin with the intestinal antiseptic powder of The Abbott Alkaloidal Company, which contains, first, zinc sulphocarbolate; second, sodium sulphocarbolate; third, calcium sulphocarbolate; and fourth, bismuth salicylate. Of this give one grain every hour in solution, day and night, until the stools are odorless, when you can reduce the dose. If this dose is not sufficient to take away all odor, you may give two grains hourly until effect, and then reduce it. If there is much diarrhea, you can give the zinc salt alone for a few days and then resume the triple salts again. Keep this up until convalescence.

If in the second week you require a heart stimulant, give strychnine arsenate, 1-134 of a grain four or five times a day, with cactin in the same dose if required. Never give whisky. If there is tympanites use a turpentine stupe. This is rarely the case. If the intestinal antiseptics are given in sufficient dose to disinfect the bowels, the above treatment pushed to full extent will make the treat-

ment of this disease a pleasure, and above all, a most successful one.

In regard to diet, it is necessary to feed the patient on milk and broths only, during the fever. In convalescence you may gradually return to solid food, but be careful not to over-feed or you may get a relapse. This occurred to a patient of mine whose mother gave the child pork and beans, against my directions, and in twenty-four hours there was a relapse; but the child got well on the ninth day by pushing the intestinal antiseptics. During the fever stage give the patient plenty of cool water to drink for thirst. If the milk does not agree, you may use Fairchild's peptonizing powder to pre-digest the milk.

#### CEREBROSPINAL FEVER, OR SPOTTED FEVER.

This fever is an epidemic constitutional disease, manifesting itself by lesions and symptoms which pertain chiefly to the nervous system, and is a very fatal affection. This disease generally occurs in the fall of the year and does not disappear until warm weather begins.

As to treatment, there has been a great variety of opinion, but I shall herein give the most modern treatment by the dosimetric method.

#### *Treatment.*

To begin with, clear the bowels with calomel. For a child of five years give aconitine for fever, also put ice-bags on the neck and spine. Give morphine hypodermically for pain, 1-16 of a grain increased to 1-8 of a grain if required. The larger the dose given with safety, the better the results.





To check spasms, give hyoscyamine, 1-250 of a grain every two hours, more or less, to effect. If there is depression, use mustard baths or external heat, such as hot-water-bags. Above all, keep the temperature below the danger point. Give good, nutritious food and a cool drink of water. Rest in a dark and well-ventilated room. Clean out, clean up, and keep clean with saline laxative, mornings.

You may give gelseminine with the aconitine with excellent results. In some cases lumbar puncture was successful, but in this disease you must watch for complications as they arise, and then treat them. In my experience this is one of the most unsatisfactory diseases to treat, due to its various changes of symptoms. In some cases pilocarpine has been used with success.

#### ACUTE RHEUMATISM.

This is a constitutional disease with a local manifestation, such as inflammation of the sero-fibrous tissues in and around the joints and occasionally of the heart. Its occurrence in children is quite frequent and is caused by hereditary diathesis and exposure to cold and dampness. Children who have had one attack are liable to another. The theory that lactic acid in the blood is a cause is still in dispute, although I am inclined to agree with the lactic-acid theory. It is now thought to be of microbic pathogenesis.

#### *Treatment.*

For a child five years of age begin with calomel and a saline purge. At once apply ice-cloths to



the inflamed joints, and keep up the applications even after all pain and inflammation are gone, for if you leave off too soon, the inflammation may return. Give aconitine for fever, and 1-6 of a grain of lithium benzoate or carbonate every one-half hour; or you may give the antirheumatism granule, containing aconitine, strychnine arsenate, digitalin and colchicine. Of these give one every two hours until the bowels move freely, but watch the heart for the aconitine effect, being careful not to push it too far but stop as soon as the heart beats become soft and slow, when you may reduce the dose or discontinue it.

Of late a combination called calcalith has been used with success in rheumatism. This is composed of calcium carbonate, lithium, and colchicine. A child of five may take one-half of a tablet three or four times a day, crushed in the mouth and washed down with a half glass of water. To quiet the pain aspirin or dolorpyrine (Abbott), one grain every hour, is useful. The above treatment if followed as outlined will give the best results in the treatment of acute rheumatism. In children complications must be treated as they arise. If the heart is attacked, a fly-blister over the chest in the region of the heart will be of great benefit to relieve the pain. You may use a mustard plaster first. If this does not help, blister. Guaiacol, 1-2 ounce, and glycerin 1 1-2 ounces is an excellent external application to the joints for pain.

#### ERYSIPELAS.

This is a constitutional blood disease, characterized by inflammation of the skin and subcu-





taneous connective tissue, with a tendency to spread. It is caused by cocci.

*Treatment.*

Give a calomel purge and keep the bowels open with saline laxative (Abbott). For fever give dosimetric trinity or aconitine, or you may give defervescent compound enough to keep the fever below 102° F. In cases of high fever give a child of five years of age the following: Put five 1-67 of a grain granules of pilocarpine into 24 teaspoonfuls of water, and give a teaspoonful every hour until slight sweating occurs. Keep this up for the entire time or until your patient is better. As an external application the lead and opium wash is my favorite.

In some cases the following formula is an excellent one: Ichthyol, 3 drams; castor oil, 1 dram; ether, 1 dram; collodion, 3 drams. Mix and apply with a brush over the inflamed parts three times a day. This forms a protective coating and is most excellent treatment. If it occurs on any part of the body except the face you can kill it with an application of pure 95-percent carbolic acid, followed by strong alcohol. A small patch must be treated at a time, as children are liable to carbolic-acid poisoning if applied too freely.

In some cases an ointment of equal parts of ichthyol and lanolin is good, as it immediately relieves the itching and burning. In cases with a low fever give tincture of chloride of iron in good doses.

CONGENITAL HYDROCEPHALUS.

This is due to an excess of the cerebrospinal fluid, lying either externally to the brain, or more

frequently in its interior. The seat of effusion is in the ventricles.

#### *Treatment.*

Strips of adhesive plaster may be put around the head to form a cap so as to afford a slight pressure, which will assist the absorption of the fluid. Be careful not to make the pressure excessive or you may cause convulsions.

As to medicines, give diuretics, such as digitalin, scillitin and potassium acetate. These are given in proportion to the child's age, in solution. Iodide of potassium is good to give in these cases, but you can get better results with calcidin (Abbott). To a child of one year give 1-3 of a grain three or four times a day. More may be given if tolerated, but do not give too much, and watch for iodism, and reduce as soon as you detect it. Given to its full extent, it is the ideal treatment, and the most successful. If this treatment is not successful, you may resort to tapping. Give a liberal nutritious diet, and look after the hygienic conditions. Do not forget an occasional laxative. With the foregoing treatment you may expect a fair share of success.

#### ACQUIRED HYDROCEPHALUS.

The treatment of this disease is the same as that of congenital hydrocephalus.

#### MENINGITIS.

This is the most important and interesting disease of the cerebrospinal system in early life. It occurs from the first to the fifth year, and is due





to an active cerebral congestion, or to anything that may cause congestion of the brain, such as excessive heat in the hot months of July and August. It is often due to teething, and high temperature in pneumonia or bronchitis; or even the rays of the sun upon the head may cause it.

*Treatment.*

Give a calomel purge and a mustard foot-bath. After this apply cloths wrung out of ice-water on the head. Apply cantharidal collodion behind both ears. For fever give a child one year old four granules of aconitine in 24 teaspoonfuls of water; a teaspoonful every half hour for six or eight doses, and then every hour or two, so as to keep the temperature below 102° F. If due to teething, lance the gums, and if there is twitching and nervousness, give the following: Twenty-four granules "anodyne for infants," and two 1-250 of a grain granule of hyoscyamine in 24 teaspoonfuls of water. Give a teaspoonful every half to one hour. This may be increased or decreased according to the symptoms and conditions of the patient. The best and only drug to give for curative effect is calcidin (Abbott). A child one year of age can be given 1-3 of one grain three times a day. Keep this up with calomel and small doses of saline laxative, and you will be sure of success in a great many cases.

**ECLAMPSIA, OR CONVULSIONS.**

The term eclampsia in these pages is used to designate those convulsive seizures, clonic in their character—sometimes general, sometimes partial



—which affect the external muscles. Eclampsia is therefore synonymous with clonic convulsions, causing rapid, forcible and involuntary muscular contractions, alternating with relaxation.

Eclampsia occurs at any period of infancy and childhood, but is much more rare after the sixth year.

#### *Treatment.*

First of all give the child a full hot mustard bath, then wrap in blankets. For fever give aconitine every one-half hour, as the case requires. Be sure to give dose enough; and count out six or eight granules of calomel, and give one every half hour until all are taken, followed with a dose of (Abbott's) saline laxative. Give enough of hyoscyamine to control the convulsions. You may add gelseminine with benefit. If the case is severe push the aconitine and hyoscyamine to full toleration, and give an enema of glycerin to unload the bowels. If the fever is high, apply cold cloths to the head.

#### TETANUS, OR TRISMUS INFANTUM.

This is one of the most interesting and first among the fatal maladies of infancy, destroying life in a few hours. It is more frequent in some localities and conditions of life than in others. It occurs chiefly during the first year of life, and very often in the first month of existence. As interesting and important as is tetanus infantum, we must confess that our knowledge is much more limited and imperfect than it should be, but in most of those cases examined after death there was found an ulceration or suppuration of the umbilical cord.





*Treatment.*

Give a mustard bath. Clean out the bowels by enemas and calomel. Look after the umbilical cord, and if suppurating, clean with hydrogen peroxide. Apply carbolic acid and neutralize with alcohol, then apply a piece of gauze wet with a 2-percent carbolic solution over the navel, then over this a piece of absorbent cotton and bandage. Dress daily until healed. To stop the convulsions, give hyoscyamine and gelseminine to effect. A fly-blisters over the umbilical region is sometimes of benefit, as is a stimulating embrocation along the spine.

## CHOREA, OR ST. VITUS' DANCE.

This is a neurosis characterized by irregular and involuntary muscular movements without loss of consciousness. The movements occur in the muscles of volition. Chorea may occur at any period of life but the majority of the cases occur in childhood and rarely begin after puberty. Most of the cases occur from the fifth to the fifteenth year.

*Treatment.*

For a child of 10 you may begin by giving one or two granules of veratrine every two hours until sedation. Picrotoxin has been used with success. In obstinate cases hyoscyamine hypodermically has also cured many cases of a severe type, or you may begin treatment with macrotin and cicutine and push them to full effect.

My favorite remedy is arsenic with hyoscyamine. Begin with two granules of arsenic 1-67 of a grain each, after meals, and increase the dose one granule

every third day up to eight or ten granules after each meal, or until you get its full effect. Keep up the maximum dose for ten days, then reduce the dose one granule every third day until you get down to one granule three times a day. Keep this dose up for ten days or more. In addition to the above give one granule of amorphous hyoscyamine, 1-250 of a grain at 9 a. m., 3 p. m., and at bedtime. Increase this dose one granule on the third day and another granule on the sixth day; this for a child ten years old.

Keep up this dose during the entire treatment with the arsenic, and then reduce it again to two and then to one granule three times a day. Some children will stand more than the doses herein given, but the main point is to give to full toleration and then reduce after keeping up the full dose for about ten days or more. After this you can give your patient the triple arsenate granules with nuclein, two after each meal. Keep this up for a month or more, and you may expect to cure almost all cases of this affection. As is self-evident, you must keep the bowels open with calomel and saline laxative. A removal of the patient from the city to the quiet of the country is of great benefit, as also are warm salt baths with light massage of the whole body of benefit. The high-frequency current over the regions affected, twice a week, is excellent.

#### INFANTILE PARALYSIS.

The cause of paralysis in infants and children is found in a change of the blood, induced by diseases as diphtheria, typhoid fever, measles, scar-





let-fever, rheumatism, compression or injury to the nerve-trunk, and cerebral and spinal diseases.

*Treatment.*

The first thing the physician should do is to remove every cause which might increase the irritability of the nervous system. If due to teething, scarify the gums. If worms are suspected, give santonin and calomel, or any other remedy, to remove them. Give the patient a plain and unirritating diet, with a mild laxative, mornings, such as saline laxative, to keep the bowels open.

The medicinal treatment consists of strychnine arsenate, iron arsenate, quinine arsenate, or the combination known as triple arsenates. This is given three times a day, and may be given with phosphide of zinc for two weeks; then stop the zinc phosphide for two weeks, after which resume for two weeks more. Stop and give again as the case requires. Nuclein in good doses between meals is very good treatment. The best time to give nuclein would be 9 a. m., 3 and 9 p. m. Calx iodata is of service in all cases.

The local treatment consists of cold applications along the spine for the first few days, when a stimulating embrocation may be used along the spine and paralyzed limb. Dry cups along the spine are of benefit. Warm salt baths with massage are to be given daily, if necessary, and, as a last resort, the faradic electric current may be used upon the paralyzed limb daily for twenty minutes at a time.

CORYZA.

This is an inflammation of the Schneiderian membrane, and may be acute or chronic. The



acute form is primary or secondary. The acute form is very common in infancy and childhood, and is caused by exposure to currents of air, to cold, and to sudden changes of temperature from warm to cold.

Secondary coryza is commonly due to a specific cause, as whooping-cough, measles, scarlet-fever, diphtheria, and to constitutional syphilis in the infant. Coryza is one of the first manifestations of hereditary syphilitic taint. The acute form generally abates in one or two weeks, and the secondary form gradually declines in most cases when the primary affection is cured.

#### *Treatment.*

Mild attacks of the disease require little treatment. Keep the bowels open with calomel, and give a warm mustard foot-bath. If there is fever, give a few doses of aconitine. Make a solution by putting one menthol compound tablet into half a glass of warm water: spray the nose four or five times daily; and if necessary, you may give a child two years old the following: Take 24 teaspoonfuls of water and put into it three granules of coryza compound, made by The Abbott Alkaloidal Company, and give a teaspoonful every hour until dryness of the throat occurs, then give it less often for a few days more. This will generally cure.

If it is due to syphilis, you must treat with proto-iodide of mercury and calx iodata with saline laxative for proper elimination. An ointment of nitrate of mercury and zinc ointment, equal parts, may be applied to the nasal surface with benefit, or you may use calomel ointment, 10 grains to the ounce.





**BRONCHITIS.**

Inflammation of the bronchial tubes, or bronchitis, is probably the most frequent disease of early life, and it is usually associated with more or less inflammation of the mucous membrane of the nostrils, larynx and trachea.

Bronchitis occurs as a primary and a secondary disease. The secondary form occurs in connection with measles, whooping-cough, pneumonia and phthisis. The most common form of bronchitis is that in which the larger bronchial tubes are affected, and this is the seat of the inflammation in most of those cases which are designated as "colds."

*Treatment.*

Clean out the bowels with calomel, and begin with aconitine enough to control the fever. For a child two years of age give the following: Emetine, 1-67 of a grain granule No. 3; infants' anodyne, 12 granules; water, 24 teaspoonfuls. Give a teaspoonful every hour. In severe cases apply a poultice of antiphlogistine over the chest, and change every twelve hours. Apomorphine in small and frequently repeated doses is also of excellent service if the deeper tubes are involved.

Of late I have been using nothing but the bronchial granules No. 444, made by The Abbott Alkaloidal Company, with the best of success. They contain apomorphine, 1-50 of a grain; tartar emetic, 1-50 of a grain; morphine sulphate, 1-25 of a grain; with 1-10 of a grain of aloin. Of these put three granules into 24 teaspoonfuls of water, and give a teaspoonful every hour or two as required. In convalescence

give quassin before meals and strychnine and iron with codliver oil after meals.

#### ATELECTASIS.

In certain newborn infants the lungs do not undergo inflation or only a portion of the lobules are inflated, namely, those in the upper lobes. This condition is designated congenital atelectasis. Acquired atelectasis is less extensive. It occurs during the period of infancy and in feeble children. Congenital atelectasis may be confined to a portion of the lung only, or to a few lobules.

#### *Treatment.*

The treatment is simple. If due to an accumulation of mucus, give an emetic. The best for infants is sulphate of zinc; one or two grains in warm water to a child of one year. This will produce emesis without very much depression. Emetine in small and frequently repeated doses is good treatment. Strychnine arsenate in small doses: for a child one year of age, put two granules of 1-134 of a grain into 24 teaspoonfuls of water, and give a teaspoonful four or five times a day. In urgent cases ammonium carbonate may be given, 1-4 of a grain every half hour until improved. Keep the bowels open, and give nourishing food.

#### PNEUMONIA.

In children over three years of age pneumonia differs but little in form or phenomena from that of the adult, being ordinarily primary, except as it depends on an irritation from tubercles, and extending rapidly over one or more entire lobes. In





those under three years of age it is as a rule a secondary affection, and limited to a part of a lobe. Pneumonia herein will be classed as follows: First, catarrhal; second, croupous; and third, interstitial.

Catarrhal pneumonia consists of an inflammation of the air-cells with abundant proliferation of epithelial cells within them, and a serous exudation. Only the secondary and lobular pneumonia of young children are usually of this character. Croupous pneumonia consists also of an inflammation of the air-cells, but has an exudation of fibrin and serum, and there is an abundance of pus-cells in the alveoli. Interstitial pneumonia consists in an inflammation and hyperplasia of the connective tissue of the lungs. This pneumonia is much more rare in children than in adults. Croupous pneumonia is the form most met with in older children. This results in most cases from taking cold, and begins as a primary disease a few hours after exposure.

#### *Treatment.*

If seen early enough it can in a great many cases be aborted by the treatment to be mentioned further down. I will describe the treatment for a child five years of age, with a temperature of 103 or 104° F. Give the patient six or eight granules, 1-6 of a grain each, of calomel, one every half hour until all are taken, followed by a saline laxative purge. You may give two 1-6 of a grain granules of podophyllin. Order an antiphlogistine poultice over the chest, front and back. Now put five granules of aconitine, 1-134 of a grain each, and five granules of dosimetric trinity, into 24 teaspoonfuls of water, and give a teaspoonful every half hour for six or eight doses,



then give it every hour until the fever comes down. If this is not enough, give more.

Push the medicine to effect, or dose enough. After 24 hours, if the temperature has gone down to 102° or 101° F., decrease the dose as required, but push as soon as the fever rises again. If possible keep the pulse at 90 or below. If there is much cough give a granule of infants' anodyne every half hour to one hour until relieved. As an expectorant emetine, 1-134 of a grain hourly, or apomorphine, 1-134 of a grain hourly, is very good. Either remedy will act well. Keep the bowels open, and keep them sweet with intestinal antiseptics, such as zinc sulphocarbolate, thymol, carbolic acid, or iodine. The triple sulphocarbulates of The Abbott Alkaloidal Company are excellent for this purpose, of which you may give one, two or three grains in solution three times a day, or more often if required.

If the heart wavers give cactin and strychnine in dose enough to strengthen the heart. Light, liquid, nourishing diet should be given until convalescence, when you may give a little more, after which you may give triple arsenates, one granule three times a day after meals, and quassin, 1-12 of a grain granule before meals.

With the above treatment you can be assured of saving a large majority of your cases. If complications occur treat them accordingly.

#### PLEURISY.

The term pleurisy is employed to designate inflammation of the pleura, when not produced by extension of the inflammation from the lung or by the irritation of tubercle. The primary cause of





pleurisy is taking cold, and it is most common in times of changeable temperature. Cachexia is an acknowledged predisposing cause, so that children whose blood is impoverished from previous disease are more liable to it than those of sound constitutions.

*Treatment.*

Clean out with calomel. Apply a light mustard plaster over the seat of pain for twenty minutes or half an hour. Antiphlogistine is also of service. Give aconitine for fever according to my rule in another part of this book. Add hyoscyamine or gelseminine for pain. Give intestinal antiseptics when required. In some cases I find one-grain doses of aspirin every hour or two for a child of two years of age an excellent drug.

During convalescence give triple arsenates, one granule after meals, to a child five years of age, with calx iodata, 1-3 of a grain three times a day. This may be given for a few weeks. If a diuretic is necessary, you may give acetate of potassium, 5 grains, with digitalin, 1-67 of a grain, three or four times a day. In older children diuretin is an excellent diuretic.

THRUSH, OR SPRUE.

The terms thrush and sprue are synonymous. Sprue is an inflammation of the mucous surfaces, and its favorite seat is in the buccal membrane; but occasionally it affects the faucial, pharyngeal or esophageal surface. It never affects the membranes of the nose, larynx or the bronchial tubes. Thrush, then, is a stomatitis, pharyngitis, esophagitis or a gastroenteritis.

*Treatment.*

Clean out with calomel, and give intestinal antiseptics (W-A) freely, in solution, to sweeten the bowels and stomach. Make a solution of zinc sulphocarbolate, 2 percent, for a mouth wash; or you may put one or two menthol compound tablets into a tumbler of water, for a mouth wash. Apply frequently, or, if the child is old enough you may use it as a gargle. Keep the bowels open, and if there is fever give aconitine. Sulphite of sodium, 1 dram to 3 ounces of water, is an excellent mouth wash in these cases. An occasional dose of castor oil acts well.

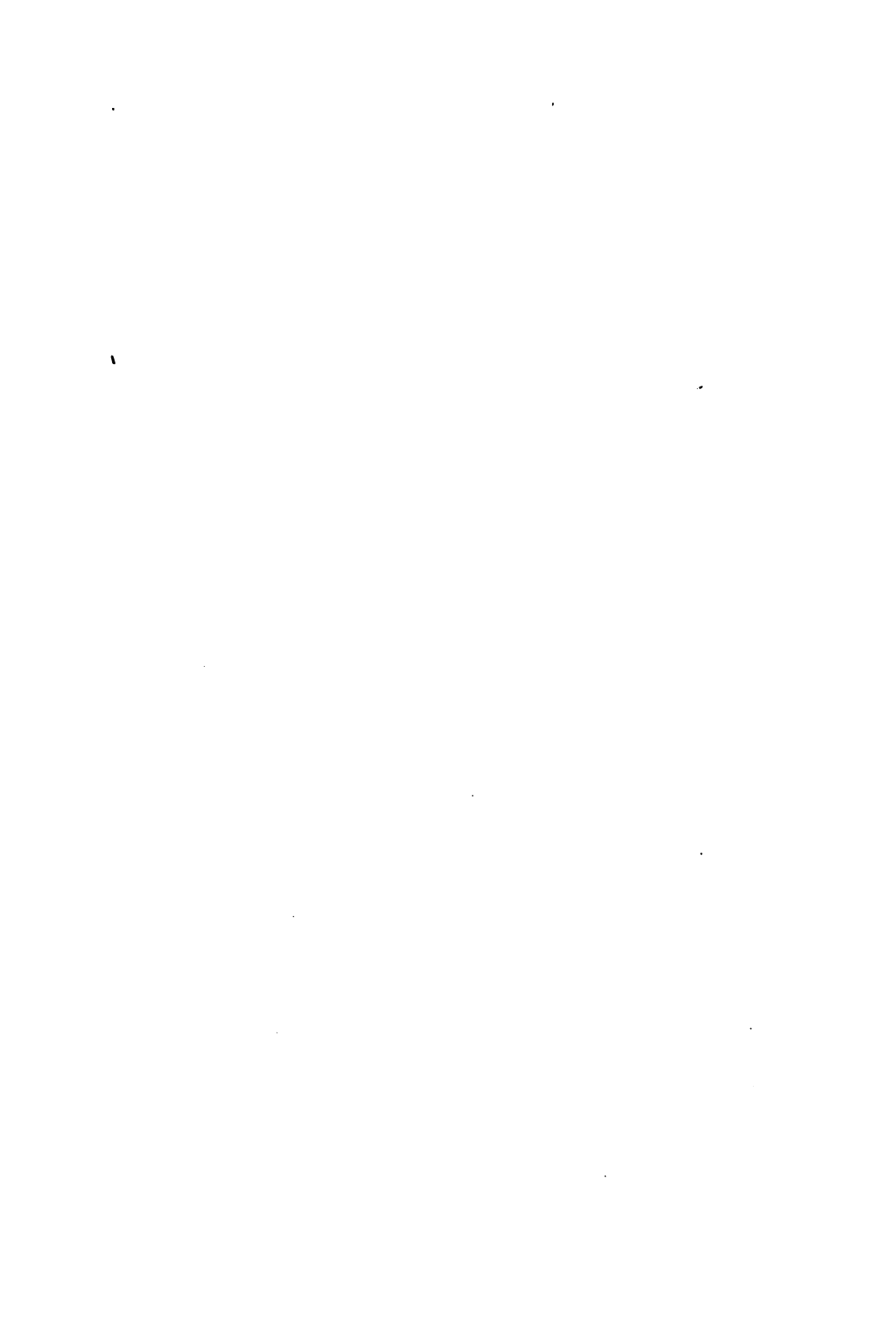
## DENTITION.

The evolution of the teeth is commonly attended by more or less turgescence around the dental bulbs. This is greater with some than with others; thus, the superior incisors cause more swelling than do their congeners of the inferior jaw. The turgescence, although attended by more or less congestion, is physiological within certain limits, and not a disease, but sometimes there is an unusual amount of swelling around the dental follicles. The afflux of blood to them is greatly augmented. They are the seat of such pain and swelling that the infant becomes very fretful and restless, and at times this causes quite a rise in temperature. In bad cases it is often followed by convulsions. There may be diarrhea, and even meningitis may set in which may end in death.

*Treatment.*

For the fever you may give aconitine or dosimetric trinity. If the gums are much swollen scarify them





with a sharp lancet. For pain, anodyne for infants, one or two granules every half or one hour, is very useful. It may be combined with scutellarin, 1-34 of a grain, or you may give calmative for children, (Candler) in the same dose. Open the bowels with calomel in small and frequently repeated doses. In older children saline laxative may be used. If the temperature is high, keep cold cloths on the head, and give a mustard foot-bath occasionally, as required.

For local use make up the following: Glycerin, 1 ounce; cocaine, 1 or 2 grains; bromide of sodium, 1 dram. Apply to the gums frequently. This will greatly reduce the pain and soften the gums. During convalescence give one or more granules of lacto-phosphate of calcium for six weeks or more. If complications arise treat accordingly.

#### DIARRHEA.

Diarrhea is frequent during the whole period of infancy. The most common form is the non-inflammatory diarrhea, but often a non-inflammatory one becomes catarrhal, or enterocolitis, from the continued use of improper food. The mother's milk or the bottle may not agree, owing to a derangement of the system of the mother, or a contamination of the bottled milk or the prepared food which the patient is taking. Fright or strong mental impression will also cause a diarrhea, but this soon subsides by simple treatment. Another cause is exposure to cold.

Diarrhea may come on suddenly. At other times there are precursory symptoms continuing for some days. A non-inflammatory diarrhea if protracted is very liable to become inflammatory. It is often diffi-



cult to determine whether the malady has undergone this change, even when the case is fatal and post-mortem inspection is allowed.

I will here give the treatment of diarrhea in general:

*Treatment.*

First of all stop all food. Give 1-6 of a grain of calomel every hour for six or eight doses; or, if you desire give a good dose of castor oil to clear out the intestinal tract. Give small quantities of cool water frequently in which the white of an egg is beaten. For fever, if present, give aconitine. For a child of two years give 1-2 of a grain of zinc sulphocarbolate every hour in solution, or you may dissolve two zinc and codeine compound tablets (Shaller and Abbott) in 24 teaspoonfuls of water, and give a teaspoonful every hour until relieved, then give it less often as the case requires. If there is collapse, put two granules of 1-250 of a grain of atropine into 24 teaspoonfuls of water, and give a teaspoonful every half hour until reaction occurs, then reduce. Add strychnine in small doses for tonic effect. In some cases copper arsenite, 1-1,000 of a grain in solution every 15 minutes until effect, acts most wonderfully.

Above all keep the bowels clear with saline laxative or calomel, and push the sulphocarbolates with strychnine. Give codeine for pain, and success will be assured. Of course, if complications occur, as they surely will in some cases, you must treat accordingly; and you will have to resort to astringent enemas and colonic flushings with a solution of zinc sulphocarbolate, or silver nitrate, one grain to the ounce of warm or cold water, whichever you may





desire. For dysentery, give small repeated doses of saline laxative, and you may give small repeated doses of acetate of lead, tannic acid, gallic acid, hydrastinine, and ergot. Castor oil is also of good service.

Treat cholera infantum the same as mentioned in the treatment of diarrhea in general. As my treatment of diarrhea is broad enough to cover all forms of bowel complaints, I will not mention any special treatment of cholera infantum.

#### CONSTIPATION.

If there be reason to suspect the presence of a mechanical obstacle which prevents normal defecation, a careful examination should be made to discover its nature and location, and provisions should be made for its removal. Look after the hygienic measures. Give the proper food, and if there be impaction in the lower bowel, give an occasional injection of pure glycerin to remove it.

#### *Treatment.*

As to medicines, you may give cascarn, rhein, calomel or compound licorice powder; but of late I find that the anticonstipation granules answer the purpose. For a child of one year of age put five or six granules into 24 teaspoonfuls of water, and give a teaspoonful three times a day before feeding. This acts well. You may give more or less, as the case requires.

#### PSEUDOMEMBRANOUS LARYNGITIS, OR MEMBRANOUS CROUP.

The term pseudomembranous laryngitis, or true croup, is applied to a common and fatal disease.

The essential anatomic character is an inflammation of the mucous membrane of the larynx, with the formation upon its surface of a pseudomembrane. It occurs most frequently between the ages of two and seven years. It is rare in adult life and under the age of six months. There is a greater liability to this disease in some children than in others, and occasionally the predisposition to it appears to be inherited. The most common cause is exposure to cold. Those children especially are liable to croup who live in heated apartments, and are taken into the open air without the proper covering. It is also caused by the inhalation of irritating vapors and swallowing irritating or corrosive liquids.

The inflammatory action in this malady sometimes extends to the submucous connective tissue, causing infiltration or edema. The anatomical characteristic of this disease is a false membrane which covers the laryngeal and contiguous surfaces, and consists of epithelial cells and fibrin which undergo some form of degeneration.

#### *Treatment.*

Take hold and push your remedies at once to effect. Begin with calx iodata (Abbott), 1-3 of a grain or more, according to age, every ten or fifteen minutes, in hot water, until you get some effect, when you can reduce the dose. Keep it up for a few days to prevent relapse. Apply cold water cloths to the throat frequently. Open the bowels with calomel, and give dosimetric trinity for fever. Strychnine may be given if required to strengthen the heart. Inhalation of steam impregnated with lime, and calomel fumigation, may be





tried but they are not to be relied upon. Your main drug should be calx iodata in good doses frequently repeated. If this drug does not do the work, make haste to perform intubation or tracheotomy. In false croup small and often repeated doses of apomorphine or bichromate of potassium generally cure in a few doses. The after treatment is nuclein, quinine, iron and strychnine after meals. To produce emesis the hypodermic injection of apomorphine is the best, and less depressing than other emetics. For those that may desire it sulphate of zinc or turpeth mineral can be used with good effect.

#### OPHTHALMIA NEONATORUM.

This disease occurs in two forms, catarrhal and blennorrhœal. The cause is not the same in all cases, but it is generally produced by exposure of the infant's eyes soon after birth to a bright light, to catching cold, or a careless washing of the eyes when born. It is also due to irritating gases, smoke and dust, coming in contact with the eyes.

Blennorrhœal ophthalmia has been known to occur during epidemics of puerperal fever, but the common cause is the introduction of a particle of infectious matter under the lids.

#### *Treatment.*

In catarrhal forms the inflammation is from the first a mild one, and requires simple treatment such as frequently bathing the lids with luke-warm water, to remove the secretion from between the lids. In severe cases lead water frequently applied is useful, and if this is not sufficient begin



at once and apply a solution of nitrate of silver, five grains to the ounce; or you may use protargol, ten grains to the ounce.

Blennorrhœal ophthalmia on the other hand requires prompt and judicious treatment. The frequent removing of pus is very important. This is confined in large quantity underneath the closely compressed lids, and by its pressure and irritation increases the danger of destruction of the cornea.

The lids should be pressed apart every hour to allow the pus to escape, and the rest should be wiped away with a camel's-hair brush, or finely picked lint, or absorbent cotton. Then with a small glass syringe wash away all the pus from under the lids with warm water containing two or three drops of carbolic acid to the ounce. You can use a weak solution of corrosive sublimate, one grain to eight ounces of water. Use this every hour or two to keep the eyes clean. During the height of the inflammation apply ice-cloths to the lids frequently to reduce the swelling. Atropine, one grain to the ounce of water, should be put into the eyes three or four times a day to prevent corneal lesions. After three or four days, if the discharge becomes very profuse, you may apply the following: Nitrate of silver, one-half to one grain to the ounce, or protargol, five grains to the ounce; zinc sulphate, one grain to the ounce; alum, three grains to the ounce.

If after a week the lids are still swollen, you can apply the following: Nitrate of silver, five to ten grains to the ounce; protargol, ten to twenty grains to the ounce. This should be brushed on





the lids every second day, neutralizing the silver with normal salt solution before returning the lid to its natural position. A 3-percent solution of argonin is also useful. Saturated solution of alum, or tannic acid, ten grains to the ounce, or sulphate of copper, ten grains to the ounce, may also be used. If one remedy does no good, change to another, until you find the one that does the most good, and continue it until cured. Do not forget the cold cloths in the early stage.

A leech applied about one inch from the external canthus is good practice. When the cornea is threatened, scarification may be performed with good results. If seriously involved, paracentesis of the cornea should be performed. The internal treatment is by calx sulphurata to saturation, calomel to unload the bowels, and quassin before meals, with nuclein between meals. During convalescence give quinine, iron and strychnine arsenate after meals for a few weeks to build up the system.

#### INDIGESTION.

Indigestion is more common during infancy than in any other period of life. While the digestive organs in the adult easily assimilate a great variety of food, it is necessary for the well-being of the infant that the diet should be simple and very carefully prepared. Departure from this rule leads to indigestion and other diseases. After the age of two years a mixed diet is readily assimilated. Indigestion in some children is habitual, while in others the process is ordinarily well performed, but from some temporary derangement of the system, or error of diet, an acute attack of indiges-

tion occurs. Therefore, two forms of indigestion may be described. First, acute; and second, chronic.

The causes of indigestion are two-fold. First, the condition of the digestive functions independently of the ailment. Second, the unwholesome or improper character of the ingesta.

In the majority of cases of indigestion the fault does not exist in the child. It is fed too often and irregularly, or the diet is unwholesome or indigestible. Indigestion is most common in those children deprived of mother milk. Therefore, the most common cause of indigestion in the infant is artificial feeding, and this causes a great amount of gastric and intestinal derangement. After the age of three or four years there is much less indigestion than in infancy.

#### *Treatment.*

The first indication is to remove the cause. In acute indigestion, when there is reason to believe that there is some offending substance in the stomach or bowels, you may administer an emetic, such as emetine, apomorphine, or zinc sulphate, and after several hours calomel, castor oil or rhein may be given to unload the bowels. If the symptoms are urgent, give an enema of glycerin and warm water. For pain give infants' anodyne; and if there is acidity, an alkali such as benzoate of lithium or carbonate of lithium may be given.

The manganese compound tablet (Abbott), one-fourth to one-half of a tablet three or four times a day, for a child of two or three years of age, acts excellently in reducing the acidity of the stomach.





To keep the bowels sweet after the acute attack is over the intestinal antiseptic (The Abbott Alkaloidal Company) in one-grain doses, well diluted, four times a day is best. Keep the bowels open with calomel and flush with small doses of saline laxative, and keep them sweet with intestinal antiseptics, and you will have little trouble. If you think it necessary you can give pepsin before or after feeding for a week to aid digestion, after which you may withdraw it.

Try small doses of quassin, well diluted, before meals, and you will be surprised at the results. For a child of two years dissolve six granules of quassin, 1-12 of a grain each, in 24 teaspoonfuls of water, and give a teaspoonful before feeding. If the child is bottle-fed, and the food does not agree, you will have to change it for one that will agree.

In chronic cases pepsin, lactopeptine and bitter tonics are required. Feed sparingly at first, and if digestion improves you may gradually increase the quantity. Dyspepsia often disappears rapidly under hygienic measures, without the use of medicines, such as removal from the city to the country, outdoor exercise, proper bathing and light and airy rooms.

For older children you will find digestive pill No. 1, manufactured by The Abbott Alkaloidal Company, an excellent one. It contains the following in each pill:

Strychnine arsenate, 1-134 of a grain.

Quassin, 1-67 of a grain.

Papain, 1-3 of a grain.

A child five years old may take one before meals, and a ten-year old child may take two pills before



meals. The best of results may be expected with these pills.

#### ACUTE TONSILLITIS.

This is an acute disease of the tonsils, characterized by a local sign of inflammation, sore throat and fever. The disease is most common in the spring and autumn, and chiefly affects children and young adults.

The predisposing causes are fatigue, debility, indigestion, exposure to cold, and rheumatism.

On examination of the throat you will find redness, injection, and swelling of the tonsils and uvula. There will be isolated groups of yellowish spots which vary in size from a pinhead to the size of a pea, and a thin, glairy, whitish exudate covers the tonsils. Recovery usually takes place in a week in uncomplicated cases.

In the suppurative form there is greater severity of the local symptoms. The patient can not swallow or even open the mouth, and pus is diagnosed by fluctuation in the tonsils. There is dyspnea, pain, and salivation. The abscess opens spontaneously, or it may have to be opened with a lancet.

#### *Treatment.*

For a child ten years of age, begin by giving 1-6-grain doses of calomel every one-half hour for eight doses, followed by a saline laxative. For fever put ten granules of aconitine amorphous, 1-134 of a grain; and ten granules of dosimetric trinity, into 24 teaspoonfuls of water, and give a teaspoonful every one-half hour for six or ten doses according to the severity of the fever. When





it has been reduced to 100° F., reduce the dose, but as soon as it rises again push it to effect.

Begin and give two 1-6-grain granules of calx sulphurata and one two-drop tablet of nuclein, every hour until saturation or the breath smells of the sulphide, after which reduce the dose to maintain the effect. Put ice-cloths around the neck over the glands every one-half hour until sedation, and then less often until cured. In children old enough, give them small pieces of ice to suck, and spray or gargle the throat with equal parts of hydrogen peroxide and listerine, or, you can dissolve one or two menthol compound tablets (Abbott) in a cup of water and use this instead.

If an abscess forms it is best to open it as soon as fluctuation is detected, for when it is opened the relief will be immediate, and the patient will be very grateful to you for doing it. Phytolaccin may be given in 1-6-grain doses with benefit. Bichromate of potassium is also useful but I have never failed with calx sulphurata in dose enough to saturation. The sooner you push this drug to toleration the better.

In convalescence give quassin, 1-6 of a grain, before meals, and triple arsenate granules after meals, with good nourishing, plain diet.

The above instructions, if followed out to their full extent, will abort most of the cases in a week. Keep the bowels open with morning doses of saline laxative in warm water, in dose enough to effect. In some cases, if seen early enough, you may abort the disease by applying pure tincture of iodine to the inflamed tonsil, night and morning. Three or four applications are usually enough, but this

is a very severe treatment and must be used with judgment in children.

#### ACUTE CATARRHAL OTITIS MEDIA.

Diseases of the middle ear are the most numerous of all aural diseases, and are especially common in childhood, thereby furnishing most of the cases of the so-called earache among children. It also lays the foundation of almost all cases of permanent deafness.

Acute catarrhal otitis media may develop into acute purulent or chronic catarrhal otitis media. When a young child has a severe coryza and stopped nares it is practically almost in the first stage of acute catarrhal otitis media. The child in this condition cries and is very restless. It requires a very careful examination to diagnose the cause of the trouble at first. Or, if after a few days the discharge of mucus or pus appears at one or both ears, you know at once the cause of the trouble. Usually one ear is attacked at a time; and very often the pain is not great, and the ear undergoes resolution. No discharge coming from the ear, it is not known that the ear has been the seat of the disease, unless the hearing is affected, or the child is old enough to tell where it has pain, for its detection.

This defect in hearing soon passes off, and in many cases the child never shows any subsequent defects in hearing, while on the other hand an acute catarrhal otitis media may develop into a more serious case, if not properly treated in time to prevent damage to the ear drums, therefore great care should be taken in the diagnosis.





*Treatment.*

When it is discovered that a child has ear-ache, and you suspect the nature of the disease, you can in many cases abort the trouble by douching the ear with water at a temperature of 125° to 130° F., three times a day. It is done as follows: Get a return-flow glass ear-nozzle at any drug-store. Fill a two-quart fountain syringe with water, and attach the nozzle to the rubber tube. Let the water run through the tube and nozzle to expel the air. Then put the nozzle to the ear affected, and let the contents of the syringe run into the ear. It will run out through the return flow opening in the nozzle. Repeat this three times a day, and you will be surprised at the good results obtained. If it does not abort the disease it will surely bring great relief from pain at once.

If the drum is perforated, you may continue the douche by adding a tablespoonful or more of salt to the water. This will keep the ear clean. After the discharge lets up you may instil a solution of boric acid three times a day until cured. If it should have a tendency to become chronic you will get excellent results in stimulating a healthy action in the ear by instilling equal parts of enzymol and distilled water, three times a day for a week or ten days. This will eradicate all unhealthy granulations and cause a healing of the ear-drum in many cases, and in chronic cases there is no better treatment.

It is advisable to syringe the ear with a weak solution of boric acid before instilling the enzymol



solution. In some cases it may be necessary to open the ear-drum with a lancet to allow the exit of pus; but the hot water douche is generally all that is required.

For the various complications in this disease I must refer you to the different text-books on that subject.

As to the medicines, give anodynes for pain; aconitine for fever; calomel and saline laxative to clear the intestinal tract; and for suppuration give calx sulphurata to saturation, according to my dose table in another part of this book.

#### INTESTINAL WORMS.

The belief has been prevalent in former times, and is yet current among a great many people, that worms in the intestines constitute a frequent disease in children; but as pathology and the means of diagnosing disease are better understood, this idea has been gradually abandoned by physicians and intelligent people. Of those worms occurring in the intestines, the following species are interesting: The *ascaris lumbricoides*, or round-worm; the *oxyuris vermicularis*, or thread-worm; the *bothriocephalus latus*; and the three species of *tenia*, or tape-worm; also the *trichocephalus dispar*, or whip-worm.

The *ascaris lumbricoides*, or roundworm, inhabits the small intestines, where it is rapidly developed from the embryonic state. The *oxyuris vermicularis*, or thread-worm, is generally found in the large intestines, but also in the small intestines as in the ileum, jejunum, and cecum as well as in the appendix vermiformis. *Tenia*, or tapeworm,





is rare in early life, but has been occasionally met in children as young as four or five years of age.

*Treatment.*

For the round- and thread-worms you can give to a child of five years of age the following: Santonin, 1-6 of a grain granule; calomel, 1-6 of a grain granule. Give one of each every hour until effect, then less often. Or, you can give Barron's worm remover granule (The Abbott Alkaloidal Company), containing the following: Chelonin, 1-6 of a grain; santonin, 1-10 of a grain; podophyllin, 1-35 of a grain. Of these give three at bedtime and one every hour, for a day or two, to effect. This will generally remove them. Or, if you prefer, you may use the following without failure: Fluid extract of spigelia and senna, one ounce, and santonin, eight grains. Mix this together and to a child five years of age give a teaspoonful three times a day until you get some effect, then reduce the dose as required.

For tenia, or tapeworm, the tapeworm remedy of The Abbott Alkaloidal Company is an excellent one and will rarely fail to remove the worms if directions are followed.

I have never failed to remove tapeworms with oil of turpentine, castor oil, and chloroform. For a child five years of age you can give turpentine, two drams; castor oil, two drams; and spirit of chloroform, five drops, mixed together. Give this dose in the morning after fasting for about twelve to eighteen hours, and the worm will pass in from two to four hours without fail, in most cases. If it does not, and you are sure the patient has tapeworm, you may repeat the dose in a week; but it is

rare that you will have to resort to such heroic doses, although at times you must use them to eradicate the worm, as no other means are open to you.

Pelletierine tannate, five grains to a child five years old, followed in two hours by castor oil, has worked excellently in some cases.

#### CYANOSIS.

This is due to various causes, such as hemorrhage from the stomach or bowels, and lungs, also from permanent structural changes or malformation.

#### *Treatment.*

The treatment of cyanosis must vary according to the cause of the affection. The patient should be warmly clad, and kept in a warm room. The diet should be simple and easy of digestion. If there is bleeding it should be stopped by a compress or by ergotin, hydrastinine, strychnine, glonoin, or atropine, according to the cause of the bleeding; or if the cyanosis is due to a malformation, it should be corrected by surgical or other means if possible. But as the causes of cyanosis are many you will have to be guided accordingly and use the proper remedies, such as glonoin, strychnine, cactin, and tonics; also elimination when required.

As to the doses of the above drugs, they will be found in my dose table in another part of this book.

#### ERYTHEMATOUS DISEASES.

Under this head are included the following: Erythema; roseola; and urticaria.

The eruption of erythema occurs in patches of different sizes—the largest not exceeding five inches





in length—but most of them are of smaller dimensions. Their margins are in some cases diffused and in others they are circumscribed and well defined. The patches are slightly swollen from engorgement of the capillaries of the skin, and there is a slight serous effusion, accompanied by a sensation of burning and itching. It is idiopathic or symptomatic.

The proper treatment will be curative in most of the cases. The duration of the disease is from a few hours to as many weeks. It is distinguished from erysipelas by the absence of any decided burning pain and tumefaction of the integument, the tendency to spread, and by the less marked constitutional symptoms.

#### *Treatment.*

Give 1-6 of a grain of calomel every half hour for six or eight doses, followed by podophyllin or saline laxative to clear out the bowels. If there is an excess of acid, give a child five years of age lithium benzoate, 1-6 of a grain every hour for a few days, and if rheumatic, add colchicine, 1-134 of a grain three times a day to effect. For those in a reduced state of health give codliver oil, one teaspoonful, and iodide of iron, 1-12 of a grain three times a day after meals. Quassin before meals will stimulate the appetite and aid digestion. Locally dust upon the inflamed surface, after applying vaseline, a powder composed of the following ingredients: Bismuth subgallate, 1-2 ounce; boric acid, two drams; pulverized starch, two drams; pulverized calamine, one dram. Mix together and apply frequently.

In obstinate cases apply a solution of nitrate of silver; or you may use the following with success:



Zinc sulphocarbolate, ten grains; glycerin, one ounce; rose water, 5 ounces. Mix these together and apply frequently. Give the intestinal antiseptics in dose enough to keep the intestinal tract sweet.

#### ROSEOLA.

This term is applied to rose-colored spots or patches of greater or less extent, accompanied by more or less fever and a sensation of warmth and slight itching. It is usually caused by gastrointestinal derangement, but often complicates other diseases.

#### *Treatment.*

If due to a derangement of the stomach and bowels, clean out with calomel and keep clean. Give an antacid such as lithium carbonate or lithium benzoate, in small and frequently repeated doses. For older children give one-fourth to one-half of a five-grain tablet of calcalith, made by The Abbott Alkaloidal Company. This is an excellent combination for the treatment of all excessive acid conditions of the stomach. Give the intestinal antiseptics to keep the bowels sweet and odorless.

Locally apply either a solution of hydrocyanic acid, one dram to a pint of emulsion of bitter almonds, three times a day; or you can use the following: Expressed oil of almonds, two drams; borax, ten grains; boric acid, ten grains; oil of rose, one drop; lanolin, three drams; olive oil, enough to make four ounces. Apply three times a day.

#### URTICARIA, OR NETTLE RASH.

This disease is diagnosed by the following conditions: At first a bright flush appears, the center





being slightly elevated, pale and of a whitish color. The margin of the wheal is always red. There is congestion of the cutaneous capillaries and some serous effusion, with spasms of the muscular fibers of the skin. When the disease subsides there is no desquamation. Urticaria is ordinarily an acute disease. The causes are various, such as bites from certain insects, irritation from turpentine or other irritating substances, and from certain articles of food such as shellfish, pork, sausage, cheese, strawberries, peaches, and from certain drugs as copaiba, valerian, and turpentine. Sometimes intestinal worms may cause its appearance.

#### *Treatment.*

If due to a derangement of the stomach give an emetic of apomorphine or zinc sulphate, to be followed by a calomel purge. In all cases of skin disease I now give the intestinal antiseptics of zinc, soda, and calcium sulphocarbolate (W-A), to keep the intestinal tract sweet; followed by a daily flushing of the bowels with saline laxative. This is over one-half of the cure in skin diseases of children. Internally give nuclein between meals. This is an excellent remedy. Arsenate of sodium after meals is good in some cases.

Locally apply any cooling lotion, such as vinegar and water, or mild lead lotions, or the following: Sodium baborate, one dram; sodium bicarbonate, one dram; chloral hydrate, 1-2 dram; listerine, two ounces; rose water, four ounces.

Apply frequently until the itching is relieved. A hot rocksalt-bath is sometimes curative: put one ounce of rocksalt in a gallon of water, or you may order a hot bath with carbenzol soap.

**STROPHULUS.**

Strophulus is characterized by a small and firm elevation of the skin, and is a disease peculiar to children. It is known as the red- or white-gum, or tooth rash. This eruption usually appears on exposed parts of the body, as the face, neck and extremities, the papules being usually the size of a pinhead, but occasionally they are smaller or larger.

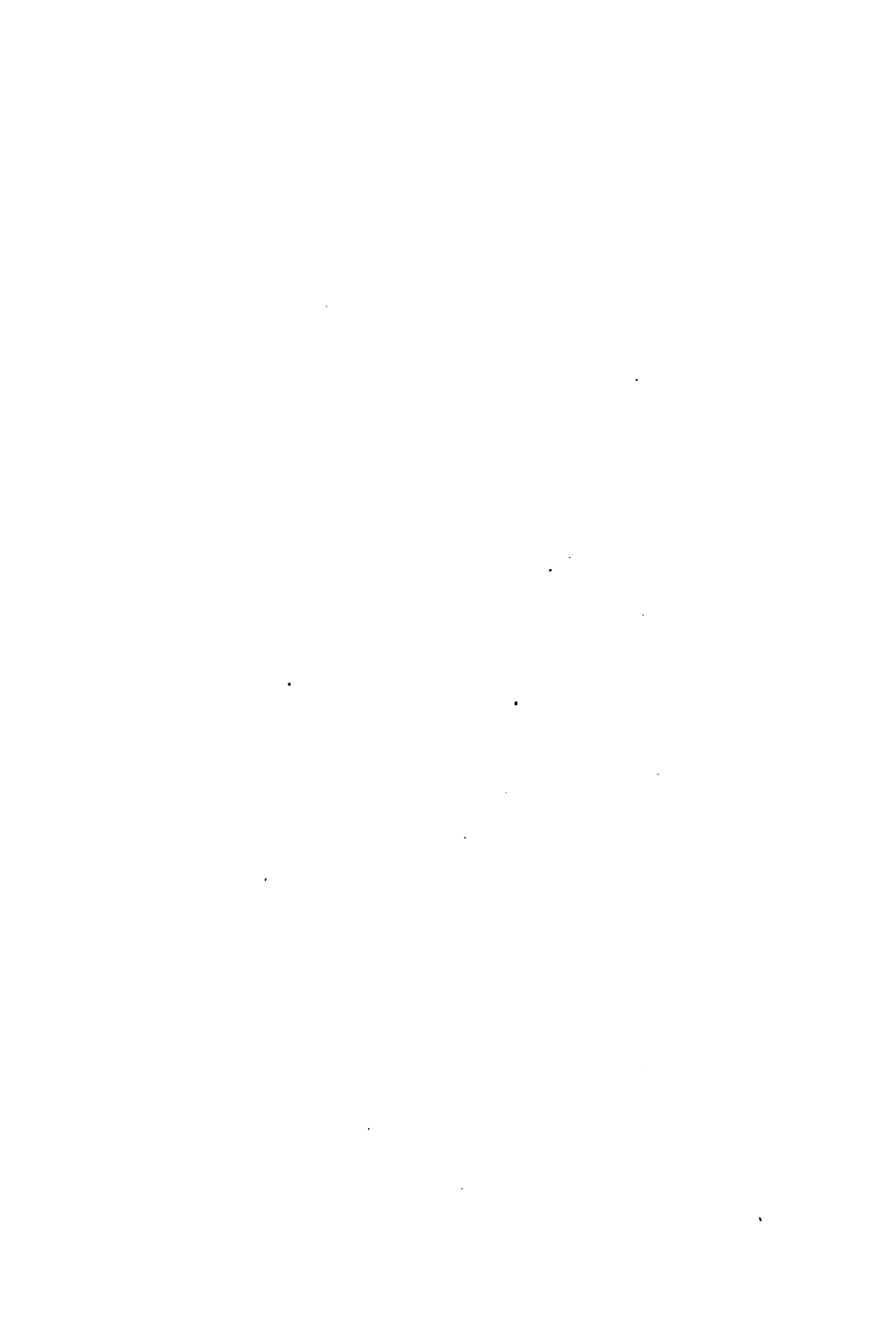
*Treatment.*

Keep the body clean with frequent warm baths without soap. Remove anything that may irritate the skin. Give alkalis for acidity, such as calcalith, lithium benzoate and carbonate. Give calomel to clean out the intestinal tract, and do not forget to keep clean by using the intestinal antiseptics in dose enough, followed by a saline laxative, mornings. Give plain, nutritious food, fresh air, sunlight, cod-liver oil, iodide of iron, and nuclein. Locally apply the following: Sodium biborate, one dram; sodium bicarbonate, one dram; chloral hydrate, 1-2 dram; listerine, two ounces; rose water, enough to make six ounces. Mix together and apply three or four times a day. This formula is a good one for any itching of the skin in children.

**ECZEMA.**

This is one of the most common of the skin diseases of children. In the commencement of the eczematous eruption the skin presents a superficial redness and upon its inflamed area are numerous minute and closely aggregated papules, vesicles and pustules.





The pustules are very fragile and soon rupture. The epidermis is broken and destroyed, and the surface is moistened by an effusion which appears to be serum. As this fluid dries a thin crust forms, which is of a yellow color. The crust consists of pus, epithelial cells and granular matter.

*Treatment.*

The first thing to do is to give a child two years of age six 1-6-grain doses of calomel, one every 1-2 hour until all are taken to clean out the bowels. This may be followed by a saline laxative. Give two 1-6 of a grain granules of zinc sulphocarbolate, or intestinal antiseptics (W-A), every two hours until all odor is removed from the stools, then give enough to keep them so. In acute cases, for pain and swelling, apply a weak solution of lead, or with the occurrence of exudation, apply diachylon or zinc ointments. A good general prescription is: bismuth subnitrate, three drams; salicylic acid, ten grains; and benzoated lard enough to make one ounce. Apply twice a day in acute cases.

In chronic cases you can use either tar, ichthyol, or chrysarobin ointments, one-half to one dram to the ounce. For itching carbolic or boric-acid ointments are useful. For eczema of the scalp, oil of cade or an ointment of mercury are best. They must be used in strength according to the age of the child. If there is much crust you must first soak with pure glycerin for a few days and then remove with soap and water. Green soap is the best.

Repeat the glycerin until all the crusts are removed. Internally give arsenic sulphide, iodide of iron, and codliver oil, according to my dose table found in



another part of this book. If the kidneys do not work well give a diuretic such as asparagin, arbutin, or acetate of potassium. Do not forget to clean out, clean up, and keep clean.

For all parasitic skin affections, a new preparation called carbenzol, manufactured by The Abbott Alkaloidal Company, has proven of great value in my hands.

#### ICTERUS NEONATORUM.

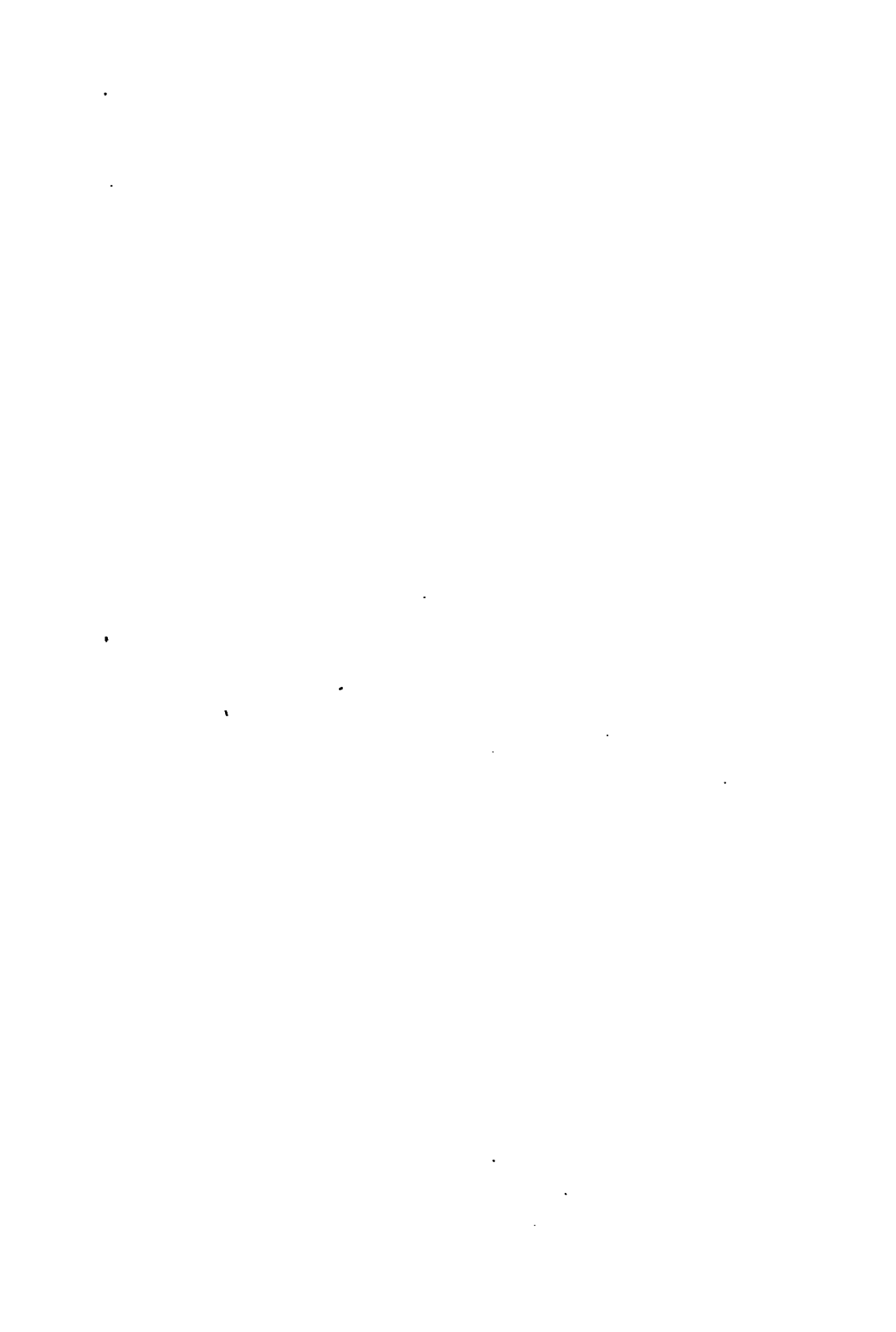
Newborn babies so frequently become jaundiced that this special affection in the newborn deserves separate consideration from that occurring in older children. The cases are divided into two forms, mild and malignant.

Two theories have been advanced as to the cause of the mild form of icterus: The one that it is purely of hematic, the other, that it is of hepatic origin. It seems highly probable that both of these theories may be true in different instances, and many cases of icterus neonatorum are only satisfactorily explained by taking into consideration the morbid conditions both of blood and liver, thus combining both theories.

The term true icterus can only be applied to those cases in which the skin is stained by the bile pigment. Icterus is often the result of difficult and prolonged labor, and in infants born before time, or in those born asphyxiated and in feeble infants, it generally appears on the second or third day, but sometimes you can notice it a few hours after birth.

In mild cases the yellowness may be seen only on the face, neck and chest, the conjunctiva being only slightly tinged or not at all. If the case is severe





the urine will be highly colored, and the yellowness will extend to the arms and abdomen, and in some cases the whole body is yellow. The grave form of icterus neonatorum is very rare, and when it does occur it is generally fatal.

*Treatment.*

As persistent constipation is almost always the common symptom, the first thing to do is to move the bowels by calomel, podophyllin, castor oil, saline laxative, or enemas of glycerin and water, equal parts. For a small child I find bicarbonate of sodium an excellent drug. Minute doses of sodium arsenate are also useful, in combination with phosphate of sodium three times a day. A small blister at the epigastrium does well in some cases. For a child one year old I should begin to clear the bowels with calomel, 1-10 of a grain every half hour for six or eight doses, followed by a small dose of saline laxative. This can be sweetened to suit the taste, and is readily taken by all children. Then give one or two grains of sodium bicarbonate three times a day before feeding, for a week, then substitute this for the phosphate of sodium, one or two grains before meals with 1-250 of a grain of sodium arsenate after feeding. Keep this up for a week longer, then wind up by giving nitrohydrochloric acid, one drop, and strychnine sulphate, 1-500 of a grain, before meals until better. This will not fail to give good results in the majority of cases. Be careful not to give calomel while giving the nitrohydrochloric acid.

To prevent relapse I should put the child upon the intestinal antiseptics (W-A), one-half a grain in plenty of water three times a day. Keep the bowels open

with calomel, and an occasional dose of podophyllin, 1-20 to 1-10 of a grain, at bedtime. To prevent spasms of the bile duct, give hyoscyamine amorphous as follows: Put four granules into 24 teaspoonfuls of water and give a teaspoonful every half hour until relieved, then give a dose three times a day to keep up the effect. Sodium succinate one-half of a grain three times a day for a child of one or two years is excellent treatment. For older children euonymin and juglandin are excellent. The skimmed-milk treatment is good.

#### ENURESIS, OR INCONTINENCE OF URINE.

Most of the cases of enuresis occur between the third and tenth years. The most frequent cause is muscular debility of the neck of the bladder and the internal sphincters. Although there are some cases that get well spontaneously about the period of puberty without any medical treatment, there are more that do not get well unless they are put under treatment. Therefore, if you have occasion to treat such a patient, it is your duty to take hold and give him or her your immediate attention, and institute the proper treatment at once. I do not believe in waiting but I believe in the theory that a stitch in time saves nine.

#### *Treatment.*

The great variety of causes of the affection requires discrimination in the proper selection of remedies. General anemia requires a carefully selected and nutritious diet, with iron arsenate and strychnine arsenate, sponging the body with alcohol and water, giving a salt water bath, with gentle massage of the





whole body. Give quassin and pepsin if digestion is poor, with mild laxatives to keep the bowels open and regular. Attention must be paid to the capacity of the bladder. In the evening the quantity of fluids must be restricted, and the patient should urinate just before going to bed. It is always a good plan to have the lower rectum empty on going to bed, as a full lower bowel is a source of irritation to the bladder.

Subcutaneous injection of strychnine into the perineum has rendered good results in many cases. If there is sugar in the urine this must be attended to as well as an excess of oxalic and uric acids and phosphates. Many cases do well with a single evening dose of atropine; for a child of five years one 1-250 of a grain granule at bed-time. Cantharidin, 1-5,000 of a grain granule three or four times a day, is excellent. If the cause is reflex from the rectum, penis or vagina, or from polypoid growths about the vagina, they must be attended to accordingly. In irritability of the neck of the bladder the posterior urethra should be cauterized by the instillation of silver nitrate, argonin, or protargol, 1-4 to 1-2 of a grain to the ounce being sufficient for young children.

In older children the strength may be changed to suit. Before applying the silver solution you may introduce a few drops of cocaine or eucaine solution. Apply the silver solution two or three times a week until better; usually ten to twelve applications will be sufficient. If the child is a masturbator the practice should be corrected by forcible prevention and firmness if necessary. Ergotin has given good results in some cases in



combination with bromide of zinc. A child two years of age should take 1-6 of a grain of ergotin and 1-6 of a grain of bromide of zinc, three or four times a day. In some cases this is ideal treatment.

The interrupted electric current is a powerful local stimulant. Apply one electrode to the hypogastrium or lumbar region and the other to the perineum and apply twice a week.

#### MARASMUS.

Marasmus is a wasting disease and may find its cause in a commencing tuberculosis, a digestive affection, rickets, or a cachectic state.

#### *Treatment.*

Clean out the bowels with calomel. Give a child a year old 1-2 of a grain dose of intestinal antiseptics three or four times a day. In all cases rub the child from head to foot with warm cod-liver oil. This very often gives excellent results but must be kept up for months. Hot salt baths, sunlight, exercise, light and airy living rooms are absolutely necessary. If there is a digestive trouble give one drop of hydrochloric acid, diluted, and 1-6 to 1-3 of a grain of pepsin before feeding. Add quassin if necessary, and combat debility with strychnine, 1-500 of a grain three times a day.

For anemia give iron arsenate in doses of 1-96 of a grain, or ferratin, 1-6 to 1-3 of a grain, after feeding; and one drop of nuclejn between feeding, will be an excellent medicine.

The above treatment pushed to its full extent will do more in this disease than any other treat-





ment. For restlessness give anodyne for children, or hyoscyamine amorphous, according to my dose table in another part of this book.

#### EMPHYEMA.

Suppurative pleuritis is a common disease of childhood and is more prevalent in the first four years of life than at any other time. The tendency to the disease reaches its height about the fourth year and gradually diminishes with increasing age.

Pleuritic effusions in children are liable to become purulent more often than in the adult. One-third of all effusions in the chest of children consists of pus or seropus. In most cases of empyema in children the case is secondary, as from pneumonia, scarlet fever, typhoid fever, pleurisy, tuberculosis or as a consequence of septic absorption. Among the less frequent causes are diphtheria, whooping-cough, traumatism, caries of the ribs or vertebræ.

The frequent occurrence of empyema as a complication in the course of acute diseases in children should be borne in mind, and a careful examination should be made of the chest even if evidence of pulmonary disease is wanting.

#### *Treatment.*

In the treatment of empyema in children we have a somewhat different problem from that which presents itself in the adult, due to the greater curability of the disease in children. Adults rarely recover, but children, on the other hand, recover in almost all cases, and recoveries have been reported by spontaneous absorption of pus.

There are different ways to get rid of the pus. Some use the aspiration needle, and others make a free incision between the ribs. The aspiration method is very often successful, but in the majority of cases a free incision is best and the only way of cure. After incision a drainage tube should be put into the opening to allow the free exit of pus and also as a means of washing out the cavity.

The remedies used for a wash are a weak solution of carbolic acid or iodine, or a solution of boric acid. The internal treatment consists of good nourishing food, codliver oil, iron, quinine, nuclein, calx sulphurata to saturation, and calomel purges.

#### PERICARDITIS.

This disease occurs at all ages but is less common in children than in adults, although it has been found in the fetus and in the newborn. The chief cause of pericarditis in children is rheumatism; and it is secondary to scarlet-fever, measles, smallpox, pleurisy, and pneumonia, and septicemic conditions in the newborn.

#### *Treatment.*

The treatment of pericarditis in the young does not differ from that of older subjects. Paracentesis of the pericardium should be performed at once whenever life is in danger from undue distension of the pericardium. In mild cases fly-blisters over the region of the heart have proven successful. For a child four years of age give the following remedies: For fever put eight granules of aconitine, 1-134 of a grain each, into 24 teaspoon-





fuls of water, and give a teaspoonful every half hour until the fever goes down, then give three or four doses a day as required. Calomel purges must be given to unload the bowels; and, as a diuretic, colchicine, 1-500 of a grain every two or three hours, with sodium salicylate, one or two grains, will give most excellent results.

In some cases when the acute symptoms subside you may give bryonin, 1-250 of a grain every one or two hours or until the bowels move freely, when you can reduce the dose. Give plain nourishing food, also the tonics iron arsenate, ferratin, quinine and strychnine arsenate, three times a day after meals. For a child four years of age give a tablet of triple arsenate with nuclein after meals, and 1-12-grain granule of quassin before meals. A solution of diluted tincture of iodine painted over the region of the heart twice a day will be of benefit.

#### INTESTINAL OBSTRUCTION.

Intestinal obstruction is a mechanical impediment to the passage of the contents of the intestinal canal, and is divided into three classes: First, acute; second, subacute; third, chronic.

An acute case may become subacute or chronic, and a chronic case may become acute. Therefore it is sometimes difficult to tell the condition we have to deal with. In acute cases the attack is always sudden. The symptoms are violent and the diagnosis is frequently difficult. In subacute cases the attack is not so sudden. The chronic form comes on slowly; the symptoms are not so urgent nor is the danger of death so imminent as



in the acute form, and the obstruction in some cases is spontaneously relieved.

The most common causes of acute obstruction are congenital malformations, such as imperforate anus, absence of rectum, and atresia of the intestines, due to fetal peritonitis. The other causes are foreign bodies, volvulus, intussusception, and constricting bands.

#### *Treatment.*

If a foreign body has been swallowed, such as a pin, needle, or anything with a sharp point, put the child at once on a diet of plenty of boiled mashed potatoes. This in most cases assists the expulsion of the body. When the foreign body becomes lodged in the intestines too high up to be reached by the finger in the rectum, laparotomy offers the only chance for life. If the obstruction is due to fecal impaction, give high enemas of glycerin and warm water to remove the obstruction if possible, or you may try castor oil, but with caution. For a description of the surgical means for the relief and cure of the various forms of intestinal obstruction I refer you to the different works on surgery.

#### PERITONITIS.

Peritonitis often occurs in children and is due to a variety of causes; but in early life it cannot be said to be a very common disease. Acute peritonitis in the newborn is practically always septic. Peritonitis in children is caused by the spreading of inflammation from some neighboring part of the body, or it is due to inflammation around the cecum, or a perforation of the ileum in enteric





fever and of the diaphragm in empyema. It is also caused by a blow or the ingestion of animal poisons.

*Treatment.*

The treatment depends largely upon the cause, but very often we have to treat our patient without knowing the exact cause. For fever, aconitine and veratrine in doses enough to maintain slight sweating, or until sedation, should be given, when the dose may be given less often. Give according to my dose table in another part of this book. Give a calomel purge and follow with a saline laxative to keep the bowels open. Put a poultice of antiphlogistine over the abdomen and change every six to twelve hours. For pain give a child five years of age 1-24 to 1-12 of a grain of codeine or dionin every two hours; of hyoscyamine 1-500 of a grain if necessary. When the pain subsides you must reduce the dose of codeine and dionin and give enough to keep the patient comfortable.

For the pains of the bowels there is nothing better than the chlorodyne granules of The Abbott Alkaloidal Company. They contain morphine sulphate, 1-24 of a grain, cannabine tannate, 1-67 of a grain, hyoscyamine amorphous, 1-1000 of a grain, oil of capsicum, 1-134 of a grain, and oil of peppermint, 1-67 of a grain, with glonoin, 1-500 of a grain. For a child of five years of age, put ten granules into 24 teaspoonfuls of water and give a teaspoonful every two hours or more often as required. Use this in all acute pains of children.

CONGESTION OF THE LIVER.

Congestion of the liver may be active or passive. Active congestion is seen after eating, and

it occurs in the first stage of abscess of the liver. High temperature and malaria, the infectious diseases, scarlet fever, typhus and cholera are frequent causes.

Passive congestion is a secondary affection, and is caused by anything which impedes the out-flow of blood in the ascending vena cava. Heart disease, and diseases which interfere with the pulmonary circulation are the most frequent causes of the secondary affection.

#### *Treatment.*

Active congestion of the liver should be treated by means of local depletion, and a careful regulation of the diet. Leeches and mustard plasters over the liver are good; so is dry cupping. In mild cases antiphlogistine over the liver acts well. Clean out the bowels with calomel, and give saline laxative enough to keep them open. Ammonium chloride in small doses and frequently repeated is excellent treatment, as are small doses of emetine. For pain use local applications and warm baths. Do not give any morphine but give hyoscyamine if necessary.

In passive congestion give calomel, podophyllin and saline laxative to relieve weight and tension of the heart. Regulate the diet, avoid all stimulating foods, and give hot salt baths with massage. If the heart requires it give sparteine sulphate, strophanthin or cactin three times a day.

#### FUNCTIONAL ALBUMINURIA.

This form of albuminuria is very often seen in childhood, and is much more common in boys





than in girls. The amount of albumin varies. Sometimes it is quite large and at other times it is hardly perceptible. It is greatly influenced by circumstances. It is increased by the ingestion of food and by fatigue. It is almost always entirely absent on rising in the morning, but returns with the resumption of muscular activity and food.

#### *Treatment.*

First and foremost is the diet. It should be of the simplest character, and most easily digested. Milk is very appropriate and should be freely given. Meats should be given in moderation, once a day only, and, in some cases it is best dispensed with altogether for a time. In the evening bread and milk is best. Over-exercise should be avoided. For anemia give iron arsenate or ferratin in small doses. The tincture of chloride of iron is the best preparation to give: it should be well diluted and should be given after meals. As the case improves you can gradually return to a mixed diet. Keep the bowels open with saline laxative and avoid all drafts to prevent the patient from catching cold.

#### EPILEPSY.

The term epilepsy is used to denote convulsions, either tonic or clonic, of one limb or of several, or of the whole body, with or without loss of consciousness of a certain character; or certain phenomena acting as equivalent to the typical symptoms. In the typical attacks of epilepsy the patient suddenly loses consciousness, utters a sharp automatic cry, falls, has a series of tonic muscular



movements of short range, and quickly passes into a condition of general clonic convulsions, which lasts for several seconds or minutes, when the patient partially returns to consciousness, being apparently in a dazed condition, and then gradually sinks into what seems like a deep sleep but really is a return to consciousness. The deviations from this type, which is known as grand mal or major epilepsy, are innumerable, and will not be considered here.

#### *Treatment.*

The treatment will depend upon the variety of the epilepsy. If it is due to intracranial lesions whose location can be determined, it should be operated upon if it is possible to reach the locality affected. If it is a proper case of tumor, it should always be operated upon, although in children tumors are by no means easy to diagnose.

When the epilepsy has followed a cerebral trauma, the cicatrix or depression of the skull should be searched for, and if detected, exploratory trephining should always be done. Any phimosis or adherent prepuce should be rectified. An irritant clitoris should always be treated. The best treatment is a 50-percent solution of nitrate of silver, and the applications should be made as often as necessary.

If there is vaginitis, this should be carefully treated. If there are ocular refraction errors, these should be rectified. If there is a laryngeal tumor, this should be removed, and a neuroma should be excised; but in all cases the operations alone will not cure, and in some they will not even do the least





bit of good. Nevertheless, it is the duty of the physician to do all that is required, and hope to thereby benefit the patient—but be careful, don't make promises.

As to the medicines, there are very many; but I shall herein mention only those which I have found of benefit.

The first is verbenin, and it is given as follows:

A ten-year-old child may begin with one 1-5 of a grain tablet four times a day and gradually add one tablet every third day until he takes two, three, or even four tablets three or four times a day. The dose must be given to effect, and then retained at that dose for some time, when it may be gradually reduced. The antiepilepsy granule (Timmerman) of The Abbott Alkaloidal Company is a good formula, which contains atropine sulphate, 1-600 of a grain, and glonoin, 1-500 of a grain.

The dose for a ten-year-old child is one to two granules four times a day. Of late there have been some good results obtained with solanine. The dose thereof will be found in my dose table in another part of this book.

A prime cause of the disease, in many cases, is autotoxemia and calls for elimination with calomel, podophyllin and saline laxatives. Give a plain nourishing diet with little salt or none at all; in some cases a small dose of bromide of sodium will answer. Give the intestinal antiseptics (W-A) to keep the bowels sweet.

If the above treatment is carried out faithfully, you will give relief in many cases, and in some cases you may expect a cure, but you must give treatment for two years at least, and if your patient

has not had an epileptic seizure in that time you may pronounce him cured.

In the above disease there is much to be learned as to the treatment, and I hope some day we may find a specific for this dreadful affection.

#### NIGHT TERRORS.

A child that has gone to bed apparently well and has slept soundly for an hour or two or perhaps has been slightly restless, suddenly starts with a piercing cry which sounds through the house. He is found sitting up in bed or standing in the middle of the room, or perhaps cowering in a corner trembling and screaming with terror and staring out as if looking at some definite object. The skin is covered with sweat, the hands clutch each other or anything within reach, or they are held out as if in defense against some attack. He calls for his mother or nurse, and he does not know her when she comes and either clings to her or repulses her.

After a time he gradually comes to himself and if asked what frightened him, he does not know. He soon goes to sleep again, and then generally sleeps until morning. It is seldom he gets two attacks in one night.

#### *Treatment.*

The treatment must be directed to the source of peripheral irritation if one can be found, and to the general health; including the requirements of a stable brain. Disturbances arising from indigestion, catarrh of the mucous membranes, from enlargement of the tonsils, from worms, or from teething, call for their appropriate treatment.





Children who are fed upon sweets such as jellies, jam, cake and candy before going to bed are liable to the attacks.

As to medicines, you must look after the general health, and give iron arsenate, ferratin, phosphide of zinc, nuclein, codliver oil, fresh air, sunlight, exercise and hot baths.

When the attacks are frequent you may give a two-year-old child the following: Hyoscyamine, 1-250 of a grain, 4 granules. Put these into 24 teaspoonfuls of water and give a teaspoonful at four, six and eight p. m., daily, before going to bed, and the child will generally sleep well all night. For older children increase the dose and do not give anything to drink upon going to bed.

Keep the bowels open with an occasional dose of calomel, and if you suspect worms, give the san-tonin and calomel tablets or the worm remover (Barron). The above for roundworms. If you suspect tapeworm, give the tapeworm remover (The Abbott Alkaloidal Company). Look after the urinary organs and the rectum, and see whether they require treatment. In some cases nickel bromide and anodyne for infants will act well in preventing the attacks. Scutellarin and cypripedin are also useful.

#### HYDROCELE.

Hydrocele is either acute or chronic. During the acute stage there is little change in the condition of the sac; the fluid is clear and serous. But when it becomes chronic the walls of the sac are thickened and lined with false membrane; the fluid becomes turbid and albuminous. The congenital variety of hydrocele is common during the first year of life



and forms a large proportion of the hydroceles seen in young children, probably due to intrauterine changes. The acquired form is rarer in children than the congenital and is due to pressure or injury, or to some disease. The prognosis in hydrocele of children is usually good, especially the congenital variety.

*Treatment.*

To cure this disease you may paint the scrotum with a weak solution of iodine in collodion, or with a weak solution of nitrate of silver in collodion. Lead and opium wash is also good, but if the fluid is of a large quantity, acupuncture must be performed with a needle; then you may paint the scrotum with collodion to cause compression; or, you may puncture the sac with a trocar and inject a weak solution of iodine or alcohol. Finally a free incision into the scrotum must be made if deemed necessary.

Give aconitine for fever. For pain hyoscyamine is best, and in convalescence ferratin, iron arsenate, strychnine arsenate, and nuclein should be given. Look after elimination, and give good nourishing food.





## IDIOSYNCRASY OF CHILDREN TO CERTAIN DRUGS

As it is a common error of certain text-books to teach that they require much smaller doses of most of our active drugs than adults, I will herein mention those drugs which can be given in much larger doses than generally stated in the various text-books on medicines.

*Opium or Morphine:* This drug is not well borne in early childhood. Children from one year up can very well bear moderate quantities. If some opiate is to be given, I think codeine and dionin the safest and best. These will not derange the stomach.

*Arsenic:* This drug is usually well borne by children and the physician should have no hesitation in giving a child five years of age 1-20 of a grain at a dose; but of course, I prefer the small dose often repeated but pushed to toleration, especially in chorea.

*Emetics* must be given in full doses, as must also *cathartics* be given in larger doses than usual.

*Hyoscyamine or Atropine:* These drugs are well borne by children in quite large doses, and may be given to effect without hesitation when the case requires it.

*Mercury:* This may be given in larger doses than usual, especially in syphilis, and may be pushed to effect, then the dose can be decreased.

*Blood-Letting or Blisters:* Blood-letting is badly borne by children. Blisters should seldom be resorted to, as they are often injurious.

*Iodides:* Iodides are not well borne by children under two years of age, but older ones bear them quite well.

*Tincture of Iodine:* This should always be diluted for external use in children.

*Pilocarpine:* This is another drug well borne by children. It can be given hypodermically in doses of from 1-20 to 1-10 of a grain in young children if necessary.

*Bromides:* Children bear bromides in larger doses than adults, especially in epilepsy and convulsions. Children five years of age can very readily take from seven to ten grains every two or three hours until effect. For all convulsive conditions I now get better results by giving hyoscyamine amorphous in small and often repeated doses pushed to effect.

*Chloral Hydrate:* This drug is also borne by children in larger doses than by adults. A child five years old can take from three to five grains every two hours until effect. For convulsions it is best given by enema, ten grains at once, repeated if necessary, but as with the bromides, I have had better results with hyoscyamine amorphous. For quick effect you may give a five-year old child two granules of 1-250 of a grain each, under the skin.

*Inunctions:* The delicacy of the epidermis renders inunction a most convenient and useful mode of medication in children. One-half a dram of castor oil rubbed over the abdomen will promptly relax the bowels of an infant.

*Quinine Sulphate:* This alkaloid is best given in small and often repeated doses in children. Large doses are very badly borne. For children quinine tannate is best.





*Medicated Baths:* These are far more efficient in children than in adults. Feeble infants derive much benefit from nutritive baths of milk, beef tea or bovine. The bath should be at a temperature of the body.

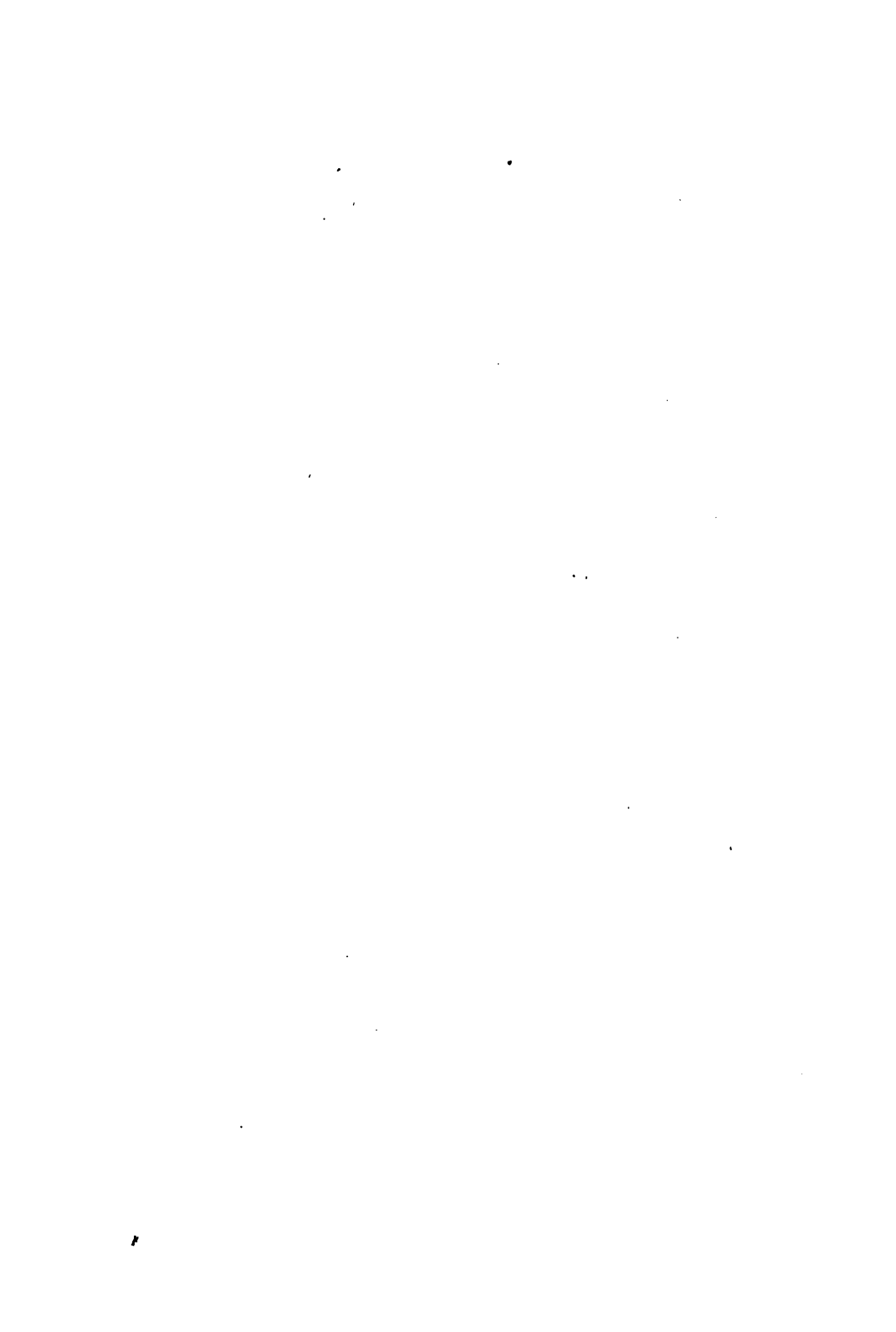
*Salt Baths:* These should be made in the strength of one ounce of sea-salt to the gallon of water; they are very useful.

*Poultices:* In all inflammatory affections, warm poultices and fomentations act better in children than in the adult. The antiphlogistine poultices are the best and cleanest.

*Children at the Breast:* In children at the breast, certain medicines are given successfully by administering them to the nurse, and thus introducing them to the child through its food. Iron, iodides, and mercury can be exhibited this way. In rachitis and many other diseases it is by far the best method.









## TABLE OF DISEASES WITH THE DRUGS USED IN THEIR TREATMENT

	Emetine	}	
	Apomorphine		<i>Emetics.</i>
	Zinc Sulphate		
	Strychnine arsenate.		
<i>Atelectasis.</i>		Ammonium chloride.	
		Ammonium carbonate.	
		Calomel.	
		Saline laxative.	
		***	
		Calomel.	
		Saline laxative.	
		Calx sulphurata.	
		Apomorphine.	
		Scillitin.	
		Aconitine.	
		Dosimetric trinity.	
<i>Bronchitis.</i>		Emetine.	
		Codeine for cough.	
		Quassin.	
		Strychnine.	
		Iron.	
		Nuclein.	
		Codliver oil.	
		Antiphlogistine externally on the chest.	

108 TABLE OF DISEASES WITH DRUGS USED

	Proper diet. Exclusive milk diet is best.
	Tincture chloride of iron.
	Ferratin.
<i>Functional</i>	Calomel.
<i>Albuminuria.</i>	Saline laxative.
	Quassin.
	Nuclein.
	Strychnine.
	***
	Remove mechanical obstruction.
	Glycerin enema.
	Castor oil.
	Calomel.
	Cascarin.
<i>Constipation.</i>	Compound licorice powder.
	Bryonin for infants.
	Anticonstipation granules.
	Water between meals.
	Non-constipating diet.
	***
	Arsenic.
	Iron.
	Hyoscyamine.
	Hyoscine.
	Picrotoxin.
	Macrotoin.
<i>Chorea.</i>	Cicutine.
	Veratrine.
	Gelseminine.
	Calomel.
	Saline laxative.
	Hot salt baths.
	Electricity.





TABLE OF DISEASES WITH DRUGS USED 109

	Simple and digestible food.
	Ergotin.
	Hydrastine.
<i>Cyanosis.</i>	Glonoïn.
	Atropine.
	Hyoscyamine.
	Correct malformation if possible.
	***
	Calomel.
	Saline laxative.
	Mustard foot-bath.
	Aconitine.
	Dosimetric trinity.
<i>Coryza.</i>	Menthol spray.
	Camphor and menthol in oil of vaseline as a spray.
	Coryza compound granules (The Abbott Alkaloidal Company).
	Mercury protoiodide.
	Calx iodata.
	***
	Calx iodata.
	Mercury.
	Apomorphine.
	Potassium bichromate.
	Steam inhalation.
	Calomel fumigation.
<i>Croup.</i>	Inhalation of slacked lime.
	Calomel.
	Cold to throat.
	Aconitine.
	Dosimetric trinity.
	As a last resort, tracheotomy or intubation.



110 TABLE OF DISEASES WITH DRUGS USED

	Aconitine.
	Dosimetric trinity.
	Hyoscyamine.
	Gelseminine.
	Anodyne for infants:
	Scutellarin.
<i>Dentition.</i>	Calmative for children (Candler).
	Calomel.
	Saline laxative.
	Podophyllin.
	Mustard baths.
	Cold to the head.
	Calcium lactophosphate.
	***
	Antitoxin.
	Calx sulphurata.
	Nuclein.
	Aconitine.
	Dosimetric trinity.
	Strychnine.
<i>Diphtheria.</i>	Iron.
	Calomel.
	Saline laxative.
	Trypsin blown in the throat.
	Quassin.
	Cactin.
	***
	Stop all food.
	White of egg.
	Castor oil.
<i>Diarrhea.</i>	Calomel.
	Intestinal antiseptics (W-A).
	Aconitine.
	Dosimetric trinity.





TABLE OF DISEASES WITH DRUGS USED 111

	Codeine.	
	Hyoscyamine.	
	Strychnine.	
	Atropine.	
	Lead acetate.	
<i>Diarrhea.</i>	Tannic acid.	
<i>(Continued)</i>	Gallic acid.	
	Silver nitrate.	
	Ergotin.	
	Hydrastinine.	
	Cotoin.	
	***	
	Iron arsenate.	
	Quinine arsenate.	
	Strychnine arsenate.	
	Alcohol sponges.	
	Hot salt water baths.	
	Massage.	
	Electricity.	
	Quassin.	
<i>Enuresis.</i>	Pepsin.	
	Calomel.	
	Intestinal antiseptics.	
	Atropine.	
	Antacids.	
	Silver nitrate	} <i>Locally.</i>
	Argonin	
	Protargol	
	Zinc bromide.	
	Ergotin.	
	***	
	Codliver oil.	
<i>Empyema.</i>	Iron.	
	Quinine.	

112 TABLE OF DISEASES WITH DRUGS USED

	Quassin.
	Strychnine.
	Calx sulphurata.
<i>Empyema.</i>	Nuclein.
<i>(Continued)</i>	Aspiration.
	Free incision and drainage.
	Wash out cavity with boric-acid or carbolic-acid solution.
	***
	Nourishing food.
	Calomel.
	Podophyllin.
	Saline laxative.
	Lithium benzoate.
	Lithium carbonate.
	Iron iodide.
<i>Erythema.</i>	Colchicine.
	Aspirin.
	Intestinal antiseptics.
	Externally apply bismuth subgallate.
	Boric acid.
	Zinc.
	Sulphocarbolates.
	Silver nitrate.
	***
	Verbenin.
	Solanine.
	Atropine.
	Hyoscyamine.
<i>Epilepsy.</i>	Gold bromide.
	Arsenic bromide.
	Nickel bromide.
	Intestinal antiseptics.
	Gelseminine.





TABLE OF DISEASES WITH DRUGS USED 113

	Valerian.
	Hyoscine.
<i>Epilepsy.</i>	Cicutine.
<i>(Continued)</i>	Calomel.
	Saline laxative.
	***
	Calomel.
	Saline laxative.
	Podophyllin.
	Intestinal antiseptics.
	Arsenic sulphide.
	Iron iodide.
	Codliver oil.
	Asparagin.
	Potassium acetate.
<i>Eczema.</i>	Digitalin.
	Salicylic acid.
	(Externally).
	Ichthyol.
	Chrysarobin.
	Carbolic acid.
	Boric acid.
	Oil of cade.
	Zinc oxide.
	Oil of tar.
	Mercury nitrate.
	Glycerin to remove crust.
	***
	Calomel.
	Saline laxative.
<i>Erysipelas.</i>	Defervescent compound.
	Pilocarpine nitrate.
	Ichthyol.
	Lead solution.



114 TABLE OF DISEASES WITH DRUGS USED

	Carbolic acid.
	Iron.
<i>Erysipelas.</i>	Aconitine.
<i>(Continued)</i>	Dosimetric trinity.
	Strychnine.
	Quassin. †
	***
	Veratrine.
	Mustard bath.
	Aconitine.
	Calomel.
<i>Eclampsia.</i>	Saline laxative.
	Hyoscyamine.
	Gelseminine.
	Enema of glycerin and water to unload the bowels.
	Cold to the head.
	***
	Iodine.
	Silver nitrate.
	Collodion (locally).
	Acupuncture.
	Compression.
	Use trocar if necessary.
<i>Hydrocele.</i>	Free incision if necessary.
	Calomel.
	Saline laxative.
	During convalescence give iron.
	Nuclein.
	Strychnine.
	Quassin.





TABLE OF DISEASES WITH DRUGS USED 115

	Digitalin.
	Scillitin.
	Potassium acetate.
<i>Congenital</i>	Calx iodata.
<i>Hydro-</i>	Iron iodide.
<i>cephalus.</i>	Tapping.
	Strapping of the head.
	Nuclein.
	Strychnine.
	***
	Remove cause.
	Clear out stomach by an emetic, and bowels by a calomel purge, a dose of castor oil or saline laxative.
	Zinc sulphocarbolate.
<i>Indigestion.</i>	Intestinal antiseptics (W-A).
	Lithium benzoate.
	Manganese compound tablet (Ab- bott).
	Lithium carbonate.
	Quassin.
	Pepsin.
	Lactopeptin.
	Hygienic measures such as outdoor exercise.
	Light and airy living rooms.
	***
	Remove cause, such as foreign bodies.
<i>Intestinal</i>	Put child on potatoes.
<i>Obstructions.</i>	High enemas of glycerin and water.
	Castor oil.
	As a last resort, laparotomy.

116 TABLE OF DISEASES WITH DRUGS USED

	Castor oil.	
	Calomel.	
	Podophyllin.	
	Saline laxative.	
	Sodium bicarbonate.	
<i>Icterus Neo-</i>	Sodium phosphate.	
<i>natorum.</i>	Sodium arsenate.	
	Intestinal antiseptics.	
	Dilute nitrohydrochloric acid.	
	Strychnine.	
	Hyoscyamine.	
	Blisters.	
	Enema of glycerin.	
	***	
	Local depletion.	
	Regulate diet.	
	Mustard plasters	} <i>Locally.</i>
	Fly blisters	
	Antiphlogistine	
<i>Congestion</i>	Saline laxative.	
<i>of the liver.</i>	Calomel.	
	Podophyllin.	
	Ammonium chloride.	
	Hyoscyamine.	
	Codeine.	
	Hot salt baths and massage.	
	***	
	Quinine arsenate.	
	Berberine.	
<i>Malarial</i>	Capsicum.	
<i>Fever.</i>	Hyoscyamine.	
	Nuclein.	
	Calomel.	
	Saline laxative.	





TABLE OF DISEASES WITH DRUGS USED 117

<i>Malarial Fever. (Continued)</i>	Intestinal antiseptics.
	Quinine tannate.
	Quinine sulphate.
	Euquinine.
	***
<i>Marasmus.</i>	Nuclein.
	Calomel.
	Podophyllin.
	Saline laxative.
	Intestinal antiseptics.
	Hydrochloric acid.
	Pepsin.
	Quassin.
	Iron arsenate.
	Ferratin.
	Strychnine.
	Anodyne for infants.
	Hyoscyamine.
Codliver oil.	
	***
<i>Meningitis.</i>	Intestinal antiseptics.
	Calomel.
	Saline laxative.
	Mustard plasters.
	Cold to the head.
	Aconitine.
	Dosimetric trinity.
	Anodyne for infants.
	Calx iodata.
Hyoscyamine.	
	***
<i>Mumps.</i>	Calomel.
	Dosimetric trinity.
	Aconitine.



118 TABLE OF DISEASES WITH DRUGS USED

	Calx sulphurata.	
	Phytolaccin.	
<i>Mumps.</i>	Calx iodata.	
<i>(Continued)</i>	Mercury	} <i>Externally.</i>
	Iodine	
	Opium	
	Olive oil	
	***	
	Calx sulphurata.	
	Nuclein.	
	Atropine.	
	Hyoscyamine.	
<i>Measles.</i>	Aconitine.	
	Dosimetric trinity.	
	Intestinal antiseptics.	
	Saline purges.	
	***	
	Hyoscyamine.	
	Nickel bromide.	
	Scutellarin.	
	Cypripedin.	
	Anodyne for infants.	
	Santonin.	
	Calomel.	
<i>Night</i>	Intestinal antiseptics.	
<i>Terrors.</i>	Saline laxative.	
	Castor oil.	
	Pepsin and papayotin.	
	Quassin.	
	Strychnine.	
	Iron.	
	Nuclein.	
	Barron's worm remover (Abbott).	
	Tapeworm remover (Abbott).	



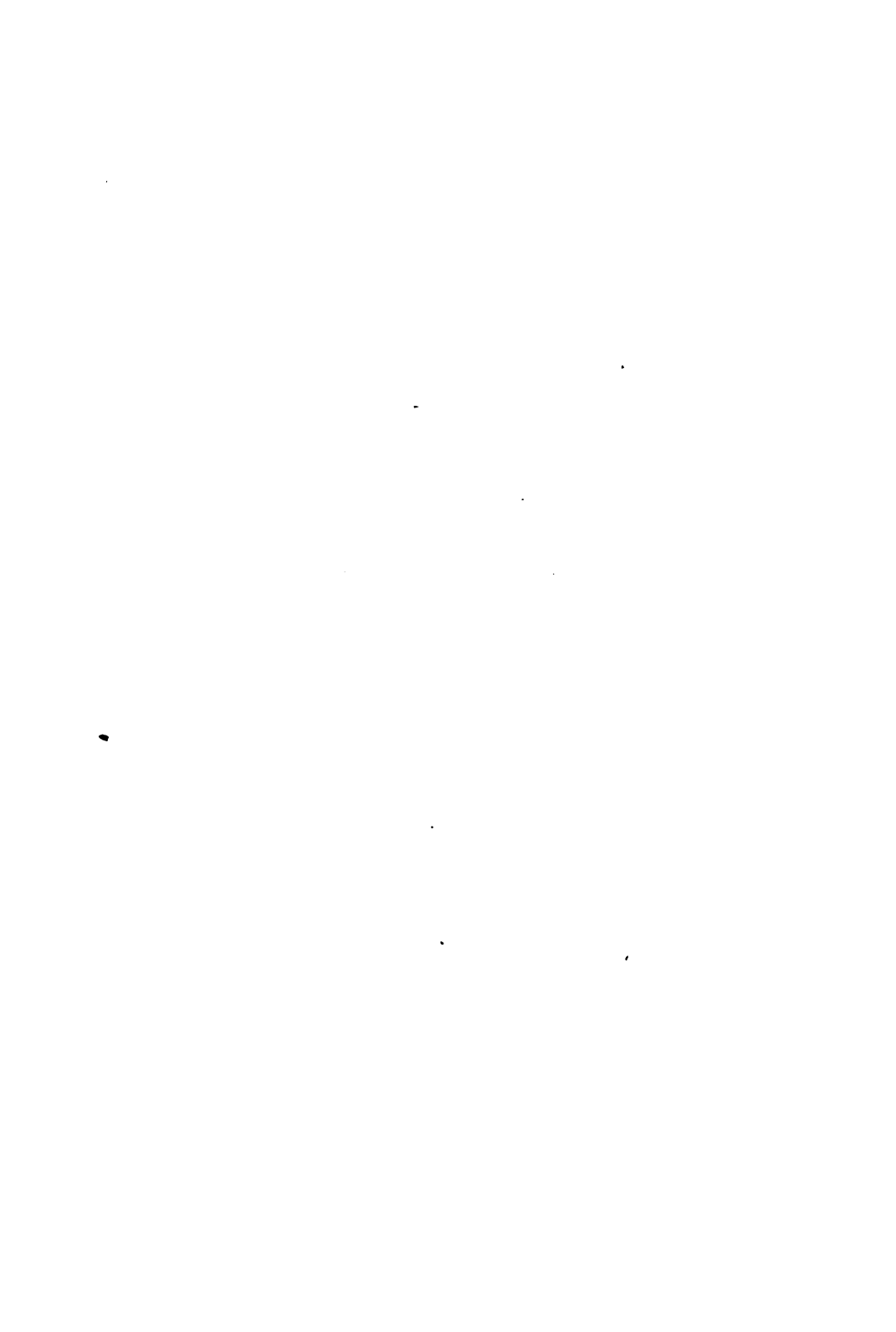


TABLE OF DISEASES WITH DRUGS USED 119

	Wash eyes with warm water and milk.
	Boric acid.
	Mercury bichloride.
	Carbolic acid.
	Silver nitrate.
	Protargol.
	Argonin.
	Cold to the head.
<i>Ophthalmia</i>	Atropine.
<i>Neonatorum.</i>	Alum.
	Zinc sulphocarbolate.
	Leeches to abstract the blood.
	Calomel.
	Saline laxative.
	Iron.
	Strychnine.
	Scarification
	Paracentesis
	} <i>When required.</i>
	***
	Hot ear douche at a temperature of 125° to 130° F. Do this three times a day. When drum is perforated, add salt, a table-spoonful to a quart of water.
<i>Acute Catarrhal</i>	Boric acid.
<i>Otitis Media.</i>	Calx sulphurata.
	Equal parts of enzymol and water.
	Use a lancet if necessary to perforate the drum for the exit of pus.
	***
<i>Pericarditis.</i>	Paracentesis.
	Aspiration.

120 TABLE OF DISEASES WITH DRUGS USED

	Blisters	} <i>Locally.</i>
	Tincture of iodine	
	Aconitine.	
	Calomel.	
	Saline laxative.	
	Colchicine.	
<i>Pericarditis.</i>	Sodium salicylate.	
	Aspirin.	
	Bryonin.	
	Iron.	
	Quinine.	
	Strychnine.	
	Quassin.	
	Nuclein.	
	***	
	Aconitine.	
	Veratrine.	
	Calomel.	
	Saline laxative.	
	Antiphlogistine.	
<i>Peritonitis.</i>	Codeine.	
	Hyoscyamine.	
	Chlorodyne (The Abbott Alkaloidal Company).	
	Nuclein	} <i>In convalescence.</i>
	Quassin	
	Strychnine	
	***	
	Remove the cause.	
	If due to teeth, scarify the gums.	
<i>Infantile Paralysis.</i>	For worms, give santonin and cal- omel, or Barron's worm re- mover (The Abbott Alkaloidal Company).	



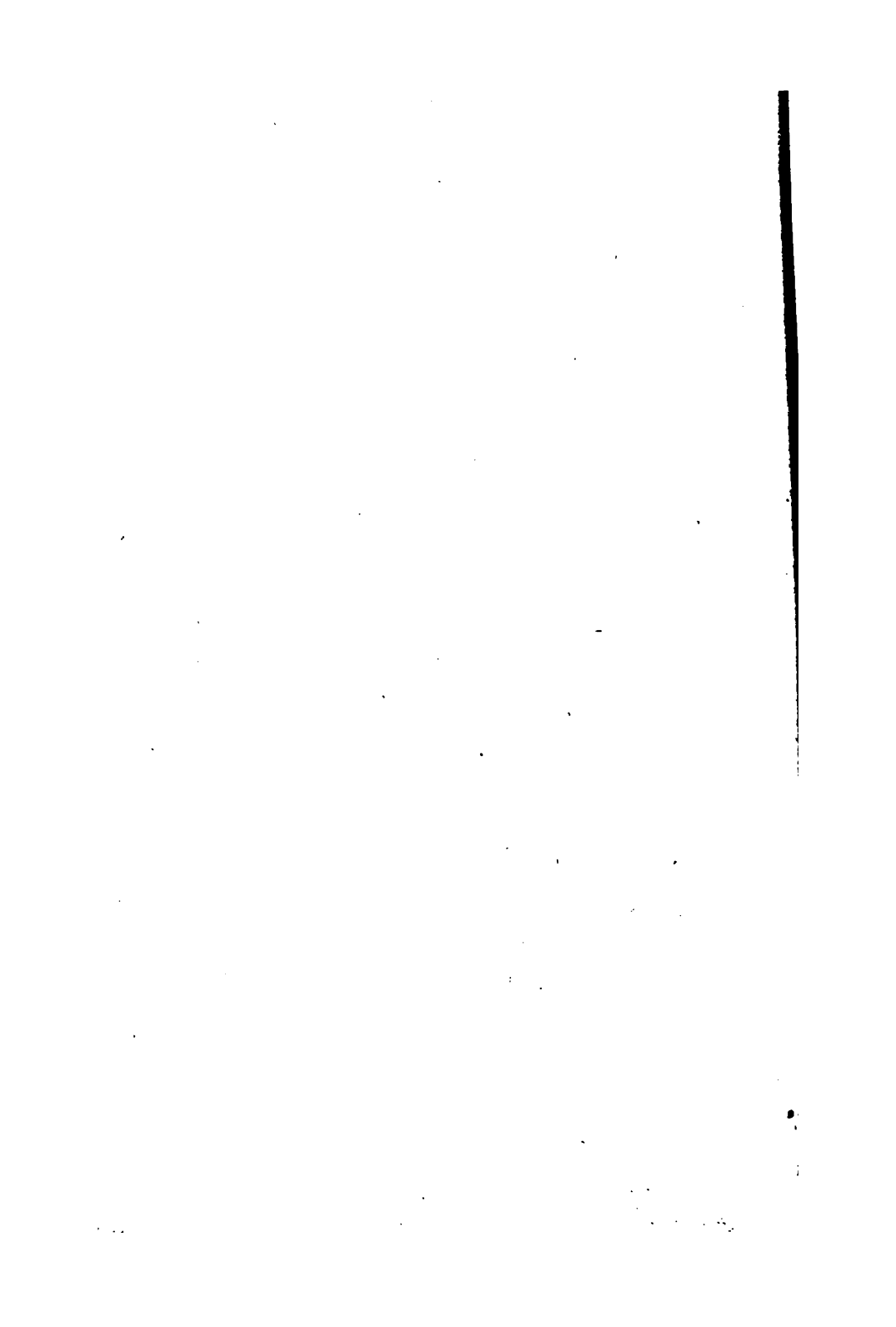


TABLE OF DISEASES WITH DRUGS USED 121

	Zinc sulphate.
	Calx iodata.
	Strychnine arsenate.
<i>Infantile</i>	Nuclein.
<i>Paralysis.</i>	Iron.
<i>(Continued)</i>	Quinine.
	Massage.
	Hot salt baths.
	Electricity.
	***
	Calomel.
	Saline laxative.
	Aconitine.
	Veratrine.
	Antiphlogistine.
	Mustard plasters.
	Gelseminine.
<i>Pleurisy.</i>	Intestinal antiseptics.
	Aspirin.
	Calx iodata.
	Nuclein.
	Iron iodide.
	Digitalin.
	Potassium acetate.
	***
	Calomel.
	Saline laxative.
	Aconitine.
<i>Pneumonia.</i>	Dosimetric trinity (The Abbott Alka- loid Company).
	Defervescent compound.
	Podophyllin.
	Antiphlogistine.



122 TABLE OF DISEASES WITH DRUGS USED

	Strychnine	} <i>Heart tonics.</i>
	Cactin	
	Digitalin	
	Strophanthin	
<i>Pneumonia.</i>	Glonoïn	
<i>(Continued)</i>	Sparteine sulphate	
	Quassin.	
	Triple arsenates.	
	Intestinal antiseptics.	
	Nuclein.	
	***	
	Calomel.	
	Saline laxative.	
	Aspirin.	
	Sodium salicylate.	
	Aconitine.	
	Dosimetric trinity.	
	Colchicine.	
<i>Acute Rheumatism.</i>	Cold to the joints (sometimes warmth).	
	Lithium carbonate.	
	Lithium benzoate.	
	Calcalith.	
	Fly blisters to joints.	
	Mustard plasters.	
	Antirheumatic granule (The Abbott Alkaloidal Company).	
	***	
	Codliver oil.	
	Arsenic.	
<i>Rachitis.</i>	Iron.	
	Nuclein.	
	Calcium lactophosphate.	
	Iron iodide.	





TABLE OF DISEASES WITH DRUGS USED 123

	Calx iodata.
<i>Rachitis</i>	Calomel.
<i>(Continued)</i>	Saline laxative.
	***
	Nourishing food.
	Calomel.
	Podophyllin.
	Saline Laxative.
	Lithium benzoate.
	Lithium carbonate.
	Iron iodide.
<i>Roseola</i>	Colchicine.
	Aspirin
	Intestinal antiseptics.
	Externally apply bismuth subgal- late.
	Boric acid.
	Zinc.
	Sulphocarbulates.
	Silver nitrate.
	***
	Atropine.
	Calx sulphurata.
	Digitalin.
	Diuretin.
	Asparagin.
	Dosimetric trinity.
<i>Scarlet-Fever</i>	Aconitine.
	Nuclein.
	Iron arsenate.
	Iron iodide.
	Calomel.
	Saline laxative.

124 TABLE OF DISEASES WITH DRUGS USED

	Intestinal antiseptics.
<i>Scarlet-Fever.</i>	Cold, sometimes warm, applications.
<i>(Continued)</i>	Calx iodata.
	***
	Calomel.
	Saline laxative.
	Aconitine.
	Gelseminine.
	Morphine.
<i>Spotted Fever.</i>	Pilocarpine.
	Codeine.
	Hyoscyamine.
	Ice-bags to spine and head.
	Hot water when required.
	Lumbar puncture.
	***
	Warm baths.
	Calomel.
	Intestinal antiseptics (W-A).
<i>Strophulus.</i>	Plain nutritious diet.
	Codliver oil.
	Iron iodide.
	Externally use an alkaline wash to relieve the itching.
	***
	Calx sulphurata.
	Nuclein.
	Intestinal antiseptics.
	Dosimetric trinity.
<i>Smallpox.</i>	Aconitine.
	Strychnine.
	Digitalin.
	Sparteine.
	Caffeine.





TABLE OF DISEASES WITH DRUGS USED 125

	Cactin.	
<i>Smallpox.</i>	Calomel.	
<i>(Continued)</i>	Saline purges.	
	***	
	Codliver oil.	
	Iron iodide.	
	Calcium lactophosphate.	
<i>Scrofula.</i>	Calx iodata.	
	Nuclein.	
	Calomel.	
	Saline laxative.	
	***	
	Calx iodata.	
	Mercury internally or by inunction.	
	Mercury and chalk.	
<i>Syphilis.</i>	Mercury protoiodide.	
	Mercury bichloride.	
	Quassin.	
	Strychnine.	
	Nuclein.	
	***	
	Calomel.	
	Castor oil.	
	Intestinal antiseptics.	
<i>Sprue.</i>	Zinc sulphocarbolate	} <i>externally</i> <i>as a mouth-</i> <i>wash.</i>
	Boric acid	
	Sodium sulphite	
	Borax	
	Aconitine.	
	***	
	Calomel.	
<i>Acute</i>	Saline laxative.	
<i>Tonsillitis.</i>	Phytolaccin.	
	Calx sulphurata to saturation.	



126 TABLE OF DISEASES WITH DRUGS USED

	Cold externally.
	Listerine
	Hydrogen peroxide
	Menthol compound
	Aconitine.
<i>Acute</i>	If abscess forms open with a lancet.
<i>Tonsillitis.</i>	In convalescence give iron.
<i>(Continued)</i>	Quinine.
	Strychnine.
	Arsenic.
	Nuclein.
	Quassin.
	Nourishing food.
	***
	Calomel.
	Intestinal antiseptics (W-A).
	Aconitine.
	Dosimetric trinity.
	Cactin.
	Strychnine.
<i>Typhoid Fever.</i>	Nuclein.
	Digitalin.
	Caffeine.
	Cold externally until temperature is reduced.
	Triple arsenates.
	***
	Codliver oil.
	Nuclein.
<i>Tuberculosis.</i>	Calcium lactophosphate.
	Thiocol.
	Quassin.
	Strychnine arsenate.



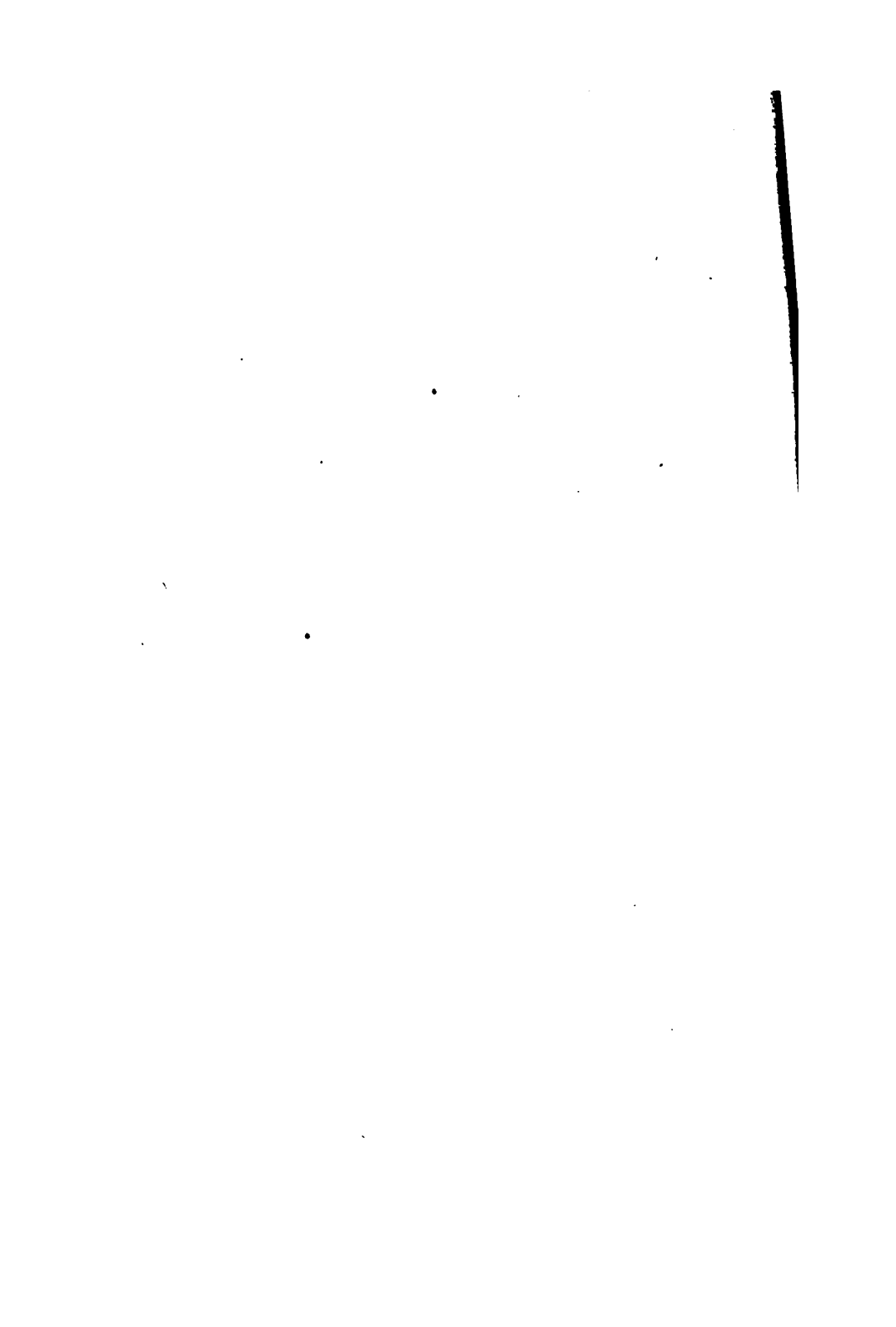


TABLE OF DISEASES WITH DRUGS USED 127

	Calcium sulphide.
	Calx iodata.
<i>Tuberculosis.</i>	Iron iodide.
<i>(Continued)</i>	Aconitine.
	Dosimetric trinity.
	Intestinal antiseptics.
	***
	Mustard bath.
	Enema of glycerin to move the bowels.
	Hyoscyamine.
	Calomel.
<i>Tetanus.</i>	Saline laxative.
	Gelseminine.
	Fly blister over umbilicus.
	Stimulating embrocations along spine.
	Hypodermics of carbolic acid.
	***
	Apomorphine
	Zinc sulphate
	} as emetics.
	Antacids.
	Intestinal antiseptics.
<i>Urticaria.</i>	Calomel.
	Saline laxative.
	Castor oil.
	Locally apply mixture of vinegar and water or a mild lead lotion.
	***
	Calomel.
<i>Intestinal</i>	Pinkroot.
<i>Worms.</i>	Wormseed.
	Santonin.
	Oil of turpentine.

128 TABLE OF DISEASES WITH DRUGS USED

<i>Intestinal Worms. (Continued)</i>	Chloroform.
	Chelonin.
	Podophyllin.
	Pelletierine.
	Castor oil.
	Tapeworm remedy (The Abbott Alkaloidal Company).
	***
<i>Whooping- Cough.</i>	Atropine.
	Calx iodata.
	Aconitine.
	Dosimetric trinity.
	Calomel.
	Saline laxative.
	Calcium sulphide





## A TABLE OF REMEDIES AND THEIR DOSES ARRANGED FROM THE FIRST TO THE TENTH YEAR

### ACONITINE, AMORPHOUS.

AGE	24 granules of gr. 1-134 into 24 teaspoonfuls of water	DOSE
10 years	" " " "	gr. 1-134
5 "	" " " "	" 1-268
3 "	6 " " "	" 1-536
1 "	3 " " "	" 1-1072

A child six months old can take one-half teaspoonful of that for the one-year-old child. The above dose should be given every half hour for six or eight doses and then reduced as required, not forgetting to increase the dose whenever the temperature rises.

### ADONIDIN.

AGE	gr. 1-12 three times a day	DOSE
10 years	" 1-24 " " "	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

The above drug is a cardiac stimulant and mild diuretic. It may be given to relieve precordial pain and dyspnea. It is also good in nicotine poisoning and in chronic diffused nephritis. The dose may be increased if necessary.

### AESCULIN.

AGE	gr. 1-67 every hour	DOSE
10 years	" 1-134 " " "	gr. 1-67
5 "	" 1-134 " " "	" 1-134
3 "	" 1-268 " " "	" 1-268
1 "	" 1-536 " " "	" 1-536

This drug promotes circulation and relieves capillary stasis. The above doses may be pushed to effect.



## AGARICIN.

AGE		DOSE
10 years	gr. 1-2 at bedtime	gr. 1-2
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

The above drug is used in night-sweats of phthisis, and is best given at bedtime but may be given in smaller doses three times a day.

## ALETRIN.

AGE		DOSE
10 years	gr. 1-6 every hour until effect	gr. 1-6
5 "	" 1-12 " " " "	" 1-12
3 "	" 1-24 " " " "	" 1-24
1 "	" 1-48 " " " "	" 1-48

This drug is tonic and stomachic and a regulator of the productive organs.

## ALOIN.

AGE		DOSE
10 years	gr. 1-6 every two hours	gr. 1-6
5 "	" 1-12 " " " "	" 1-12
3 "	" 1-24 " " " "	" 1-24
1 "	" 1-48 " " " "	" 1-48

Give more or less as required.

## AMMONIUM BENZOATE.

AGE		DOSE
10 years	24 granules of gr. 1-6 into 24 teaspoonfuls of water	gr. 1-6
5 "	12 " " " " " "	" 1-12
3 "	6 " " " " " "	" 1-24
1 "	3 " " " " " "	" 1-48

The above doses may be doubled when required.

## ANTIMONY ARSENATE.

AGE		DOSE
10 years	gr. 1-67 every two hours	gr. 1-67
5 "	" 1-134 " " " "	" 1-134
3 "	" 1-268 " " " "	" 1-268
1 "	" 1-536 " " " "	" 1-536

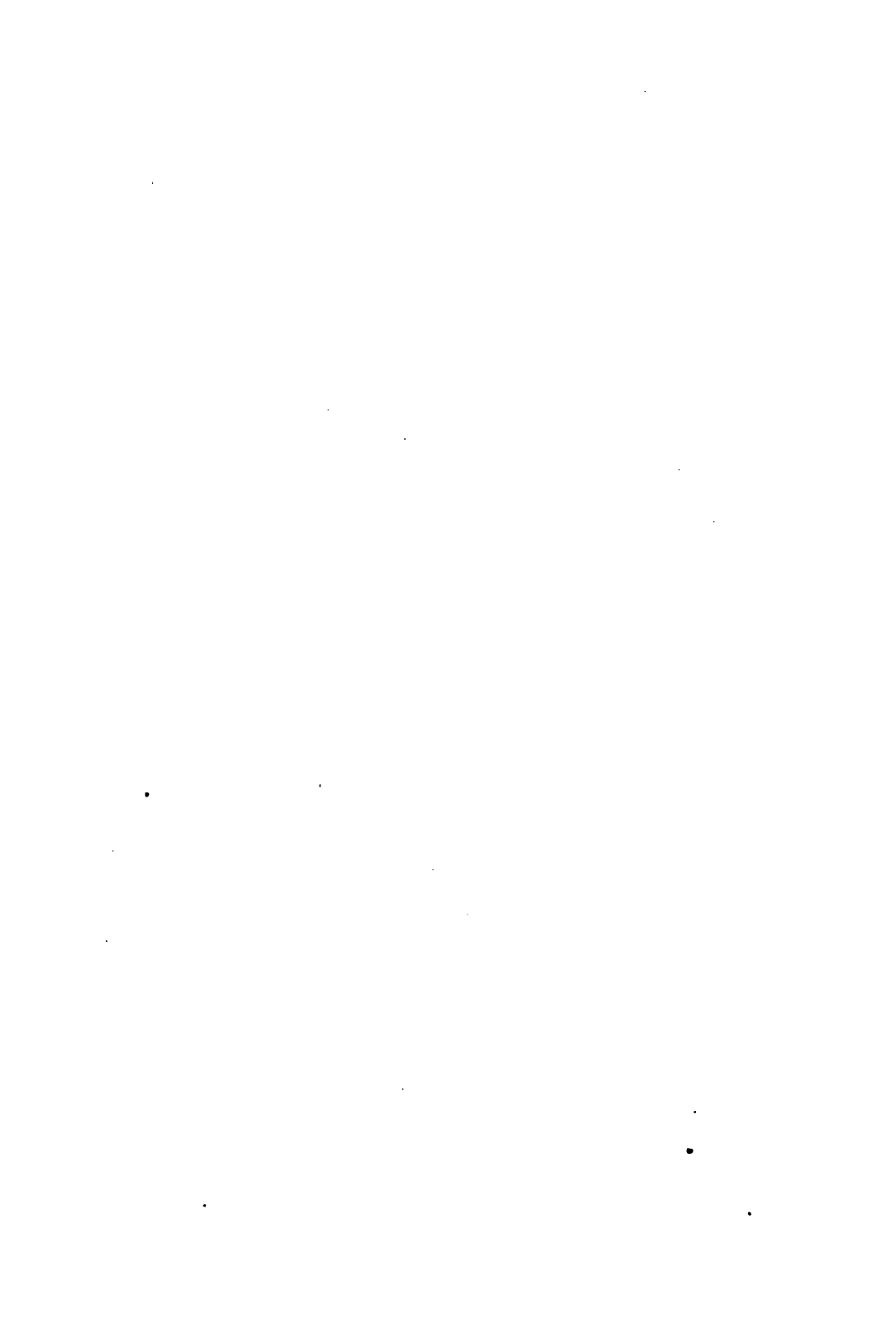
This drug is a valuable tonic expectorant. The dose may be given to effect, then reduced as required.

## APOMORPHINE.

AGE		DOSE
10 years	36 granules of gr. 1-67 into 24 teaspoonfuls of water	gr. 1-50
5 "	18 " " " " " "	" 1-100
3 "	9 " " " " " "	" 1-200
1 "	4 " " " " " "	" 1-400

The above doses are proper for bronchitis and dry cough. The dose may be given every hour until effect, then reduced to two hours, or as you







## ASCLEPIDIN.

AGE	DOSE
10 years	gr. 1-12 every two hours
5 "	" 1-24 " " "
3 "	" 1-48 " " "
1 "	" 1-96 " " "

This drug stimulates mucous membranes and may be given to effect.

## ASPARAGIN.

AGE	DOSE
10 years	48 granules of gr. 1-67 into 24 teaspoonfuls of water gr. 1-34
5 "	24 " " " " " " " " 1-67
3 "	12 " " " " " " " " 1-134
1 "	6 " " " " " " " " 1-268

A child of six months can take one-half teaspoonful for that quoted for the one-year-old child. It should be given every half hour until the desired effect is attained, then reduce.

## ASPIDOSPERMINE.

AGE	DOSE
10 years	24 granules of gr. 1-67 into 24 teaspoonfuls of water gr. 1-67
5 "	12 " " " " " " " " 1-134
3 "	6 " " " " " " " " 1-268
1 "	3 " " " " " " " " 1-536

This drug is a respiratory stimulant and antispasmodic. It is useful in dyspnea, asthma, and spasmodic croup. The doses must be given every fifteen minutes until effect, then less often, as required.

## ASPIRIN.

AGE	DOSE
10 years	grs. 5 every three hours grs. 5
5 "	" 2 1-2 " " " " 2 1-2
3 "	" 1 1-2 " " " " 1 1-2
1 "	gr. 1-2 " " " " gr. 1-2

As the above doses are sufficient for all purposes, it is not necessary to give above these doses.

## ATROPINE.

AGE	DOSE
10 years	12 granules of gr. 1-250 into 24 teaspoonfuls of water gr. 1-300
5 "	6 " " " " " " " " 1-1000
3 "	3 " " " " " " " " 1-2000
1 "	2 " " " " " " " " 1-3000

A child six months old takes half the dose quoted for a one-year-old child. The dose is given every half to one hour until effect, then less often as the case requires. For enuresis and whoop-





ing-cough you can give three times a day in larger doses, in proportion to the above table. This is sometimes desirable in the above mentioned diseases.

AVENIN.		
AGE		DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is a general tonic medicine.

BAPTISIN.		
AGE		DOSE
10 years	gr. 1-12 every two hours	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

This drug is laxative in small doses and cathartic in large doses. It improves the heart and capillary circulation.

BARIUM CHLORIDE.		
AGE		DOSE
10 years	gr. 1-6 three or four times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is a cardiac tonic and alterative, and is useful in arteriosclerosis and atheromatous degeneration, also in syphilis and scrofula. The dose may be increased, but with caution.

BAROSMIN.		
AGE		DOSE
10 years	gr. 1-6 every hour or more to effect	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

The above is diuretic and tonic stimulant to the urinary tract. Push to effect.

BERBERINE.		
AGE		DOSE
10 years	gr. 1-2 to 1 before meals	gr. 1-2 to 1
5 "	" 1-4 " 1-2 " " "	" 1-4 " 1-2
3 "	" 1-6 " 1-3 " " "	" 1-6 " 1-3
1 "	" 1-12 " 1-6 " " "	" 1-12 " 1-6

Dissolve in hot water when giving it to young children. Older children can take one granule, and the dose should be given three times a day.



## BRUCINE.

AGE							DOSE
10 years	24	granules of gr. 1-134	into	24	teaspoonfuls of water	gr.	1-134
5 "	12	"	"	"	"	"	1-268
3 "	6	"	"	"	"	"	1-536
1 "	3	"	"	"	"	"	1-1072

The above dose may be increased as the case requires, and is the best form in giving strychnine to children.

## BRYONIN.

AGE							DOSE
10 years	24	granules of gr. 1-67	into	24	teaspoonfuls of water	gr.	1-67
5 "	12	"	"	"	"	"	1-134
3 "	6	"	"	"	"	"	1-268
1 "	3	"	"	"	"	"	1-536

A child six months old takes one-half teaspoonful of the dose for the one-year-old child. The dose may be given every hour until effect, then it may be reduced to the proper dosage to maintain the action desired.

## CACTIN.

AGE							DOSE
10 years	24	granules of gr. 1-134	into	24	teaspoonfuls of water	gr.	1-134
5 "	12	"	"	"	"	"	1-268
3 "	6	"	"	"	"	"	1-536
1 "	3	"	"	"	"	"	1-1072

The six-months-old child takes half the dose quoted for the one-year-old child. Give this dose every hour or two, according to the effect desired.

## CAFFEINE.

AGE							DOSE
10 years	48	granules of gr. 1-6	into	24	teaspoonfuls of water	gr.	1-3
5 "	24	"	"	"	"	"	1-6
3 "	12	"	"	"	"	"	1-12
1 "	6	"	"	"	"	"	1-24

The six-months-old child takes half the dose quoted for the one-year-old child. Give the dose every half hour until effect. The dose can be given in much larger quantities if the case demands it.





CALCIUM HYPOPHOSPHITE.

AGE		DOSE
10 years	gr. 1-6 every two hours	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is a reconstructive to bone-tissue, and is a good remedy in scrofula and rickets.

CALCIUM LACTOPHOSPHATE.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 2-3 " " "	" 2-3
3 "	" 1-6 " " "	" 1-6
1 "	" 1-12 " " "	" 1-12

A child six months old may be given 1-24 of a grain three times a day. The dose may be varied according to the case on hand.

CALOMEL.

AGE		DOSE
10 years	gr. 1-6 granule every half hour until effect	gr. 1-6
5 "	" 1-6 " " " " " "	" 1-6
3 "	" 1-10 " " " " " "	" 1-10
1 "	" 1-10 " " " " " "	" 1-10

In older children podophyllin may be given for a few doses to aid its action, or you may give a dose of saline laxative for the same purpose. The small and often repeated doses are best although where required the dose may be increased.

CALX IODATA (CALCIDIN).

AGE		DOSE
10 years	grs. 1 to 2 every hour until effect	gr. 1 to 2
5 "	" 1-2 " 1 " " " " "	" 1-2 " 1
3 "	" 1-3 " 2-3 " " " " "	" 1-2 " 2-3
1 "	" 1-3 " " " " " "	" 1-3

The six-months old child may take 1-3 of a grain every hour. The above doses are about right for general use but in croup and other spasmodic troubles you can give the above doses every fifteen minutes dissolved in hot water until relief, and then less often as required. The above drug is a safe one in the treatment of croup and bronchitis in children.

## CALX SULPHURATA. (CALCIUM SULPHIDE.)

AGE		DOSE
10 years	48 granules of gr. 1-6 into 24 teaspoonfuls of water	gr. 1-3
5 "	24 " " " " " "	" 1-6
3 "	12 " " " " " "	" 1-12
1 "	6 " " " " " "	" 1-24

The six-months-old child can take half the dose quoted for the one-year-old child. Give it every hour until saturation, then reduce the dose, but give enough to maintain the desired effect.

## CAMPHOR MONOBROMATE.

AGE		DOSE
10 years	grs. 2 three times a day	grs. 2
5 "	gr. 1 " " "	gr. 1
3 "	" 1-2 " " "	" 1-2
1 "	" 1-4 " " "	" 1-4

The above drug is best given in small doses often repeated until effect. It has a wide range of usefulness.

## CANNABINE TANNATE.

AGE		DOSE
10 years	24 granules of gr. 1-67 into 24 teaspoonfuls of water	gr. 1-67
5 "	12 " " " " " "	" 1-134
3 "	6 " " " " " "	" 1-268
1 "	3 " " " " " "	" 1-536

The above drug is antineuralgic and antispasmodic. This drug must be pushed to effect and then reduced as the case requires.

## CAPSICUM.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 1-4 " " "	" 1-4
3 "	" 1-8 " " "	" 1-8
1 "	" 1-16 " " "	" 1-16

## CASCARIN.

AGE		DOSE
10 years	gr. 1-2 three times a day before meals	gr. 1-2
5 "	" 1-4 " " " "	" 1-4
3 "	" 1-8 " " " "	" 1-8
1 "	" 1-16 " " " "	" 1-16

Give more or less according to the effect desired.





## CERIUM OXALATE.

AGE		DOSE
10 years	grs. 5 every three hours	grs. 5
5 "	" 2 1-2 " " "	" 2 1-2
3 "	" 1 " " "	" 1
1 "	" 1-2 " " "	" 1-2

The above doses are given until relief, then less often as the case requires. It is an excellent drug in vomiting of children, in small and often repeated doses.

## CHELONIN.

AGE		DOSE
10 years	gr. 1-6 every two hours	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

The above drug is useful for the removal of round worms in children. Give the above dose every two hours for a few days, and follow up by castor oil or calomel.

## CHIMAPHILIN.

AGE		DOSE
10 years	gr. 1-6 every hour	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is a stimulant and alterative to the urinary tract. The dose should be given to effect.

## CHIONANTHIN.

AGE		DOSE
10 years	2 granules gr. 1-6 after meals	gr. 1-3
5 "	1 " " 1-6 " "	" 1-6
3 "	1 " " 1-12 " "	" 1-12
1 "	1 " " 1-24 " "	" 1-24

This is a general eliminant hepatic stimulant, and cholagog, may be combined with podophyllin and calomel.

## CHLORODYNE GRANULES (ABBOTT).

AGE		DOSE
10 years	24 grans. into 24 teas. of water (morphine strength)	gr. 1-24
5 "	12 " " " " " "	" 1-48
3 "	6 " " " " " "	" 1-96
1 "	3 " " " " " "	" 1-192

This combination has a wide range of usefulness, in all acute pains of children. The above doses are given as the case requires. It is very



useful in diarrhea and abdominal pains in children. REMEMBER MORPHINE STRENGTH, and gauge your dose accordingly.

## CICUTINE HYDROBROMIDE.

AGE	DOSE
10 years	12 granules of gr. 1-67 into 24 teaspoonfuls of water gr. 1-134
5 "	6 " " " " " " " " 1-268
3 "	4 " " " " " " " " 1-400
1 "	2 " " " " " " " " 1-800

The six-months-old child takes half that quoted for the one-year-old child. The above doses are given every half hour to hour until effect, then less often as required.

## CITARIN.

AGE	DOSE
10 years	grs. 5 three times a day grs. 3
5 "	" 3 " " " " " " 3
3 "	" 2 " " " " " " 2
1 "	" 1 " " " " " " 1

This is a very good antilithic and may be given in dose enough until you get the desired effect, when it can be reduced.

## COCAINE HYDROCHLORIDE.

AGE	DOSE
10 years	gr. 1-6 to 1-2 three times a day gr. 1-6 to 1-2
5 "	" 1-12 " 1-6 " " " " 1-12 " 1-6
3 "	" 1-24 " 1-12 " " " " 1-24 " 1-12
1 "	" 1-48 " 1-24 " " " " 1-48 " 1-24

This drug is a general anesthetic, stimulant, sedative, anodyne, and hemostatic. The above doses are to be increased if necessary, but with care.

## CODEINE.

AGE	DOSE
10 years	24 granules of gr. 1-12 into 24 teaspoonfuls of water gr. 1-12
5 "	12 " " " " " " " " 1-24
3 "	6 " " " " " " " " 1-48
1 "	3 " " " " " " " " 1-96

The above doses are given every half hour to hour. A child six months old can take the dose quoted for the one-year-old child but if it is necessary you can double the above dose until effect. When you get the effect desired reduce it. Often and small repeated doses are best.





## CODLIVER OIL.

AGE	
10 years	Give a dessertspoonful one hour after meals
5 "	" " teaspoonful " "
3 "	" " 1-2 " "
1 "	" " 1-4 " "

## COLCHICINE.

AGE		DOSE
10 years	12 granules of gr. 1-134 into 24 teaspoonfuls of water	gr. 1-268
5 "	6 " " " " " "	" 1-536
3 "	4 " " " " " "	" 1-800
1 "	2 " " " " " "	" 1-1600

The above doses are given every hour until effect then less often as required.

## COLLINSONIN.

AGE		DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is an alterative and diuretic, and is a tonic to the mucosa in general.

## CONDURANGIN.

AGE		DOSE
10 years	gr. 1-67 three times a day	gr. 1-67
5 "	" 1-134 " " "	" 1-134
3 "	" 1-268 " " "	" 1-268
1 "	" 1-637 " " "	" 1-536

This is good in dyspepsia and painful affections of the stomach. It should be taken on an empty stomach dissolved in hot water.

## CONVALLAMARIN.

AGE		DOSE
10 years	12 granules of gr. 1-6 into 24 teaspoonfuls of water	gr. 1-12
5 "	6 " " " " " "	" 1-24
3 "	3 " " " " " "	" 1-48
1 "	2 " " " " " "	" 1-72

A child six months old takes half the dose quoted for the one-year-old child. Give the dose from one to two hours until you get the desired effect, then reduce it.

## COPPER ARSENITE.

AGE	24 granules of gr. 1-250 into 24 teaspoonfuls of water					DOSE	
10 years	24	gr.	1-250	into	24	teaspoonfuls of water	gr. 1-250
5 "	12	"	"	"	"	"	" 1-500
3 "	6	"	"	"	"	"	" 1-1000
1 "	3	"	"	"	"	"	" 1-2000

A child six months old can take half the dose quoted for the one-year-old child, but if necessary you can double the above dose until effect; especially in the bowel complaints of children, when you desire to stop diarrhea or use it as an intestinal antiseptic. When you get the desired effect reduce it. Small and often repeated doses are best.

## CORNUTINE CITRATE.

AGE	gr. 1-12 three or four times a day				DOSE		
10 years	gr.	1-12	three	or	four	times a day	gr. 1-12
5 "	"	1-24	"	"	"	"	" 1-24
3 "	"	1-48	"	"	"	"	" 1-48
1 "	"	1-96	"	"	"	"	" 1-96

The above doses are the maximum. It is best given in small doses gradually increased. It is a useful drug in uterine and vesical hemorrhages and dysentery.

## CORYDALIN.

AGE	gr. 1-6 every hour until effect				DOSE	
10 years	gr.	1-6	every	hour	until effect	gr. 1-6
5 "	"	1-12	"	"	"	" 1-12
3 "	"	1-24	"	"	"	" 1-24
1 "	"	1-48	"	"	"	" 1-48

This is a general alterative and may be pushed to effect.

## CUBEBIN.

AGE	gr. 1-67 every hour				DOSE
10 years	gr.	1-67	every	hour	gr. 1-67
5 "	"	1-134	"	"	" 1-134
3 "	"	1-268	"	"	" 1-268
1 "	"	1-536	"	"	" 1-536

This is sedative to the mucous membrane of the urinary tract. Increase if necessary.





## CURARE.

AGE		DOSE
10 years	gr. 1-34 hypodermically until effect	gr. 1-34
5 "	" 1-67 " " "	" 1-67
3 "	" 1-134 " " "	" 1-134
1 "	" 1-268 " " "	" 1-268

The above drug is used in tetanus and hydrophobia, and is given hypodermically. It should be used with care.

## CURARINE.

This drug is antitetanic and nervine. It is best given hypodermically in tetanus, hydrophobia, and convulsions. A ten-year-old child can take 1-30 of a grain under the skin, and a five-year-old child 1-60 of a grain to be repeated if required. As this is a powerful drug, it must be used with caution.

## DIGITALIN.

AGE		DOSE
10 years	gr. 1-500 three times a day	gr. 1-500
5 "	" 1-1000 " " "	" 1-1000
3 "	" 1-2000 " " "	" 1-2000
1 "	" 1-5000 " " "	" 1-5000

This is the most active glucoside obtained from digitalis. It is a prompt and powerful heart tonic of uniform chemical composition and therapeutic activity. It is best given hypodermically, but only with extreme caution.

## DIONIN.

AGE		DOSE
10 years	gr. 1-6 every two hours	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

The dose can be increased until effect. This is an excellent remedy for coughs and pains in children.

## DIOSCOREIN.

AGE		DOSE
10 years	gr. 1-6 every half to one hour	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is antispasmodic and is especially useful in pains of the alimentary canal and pelvic organs.



## DIURETIN.

AGE		DOSE
10 years	grs. 10 three times a day	grs. 10
5 "	" 5 " " "	" 5
3 "	" 3 " " "	" 3
1 "	" 1 " " "	" 1

The above drug is given in all dropsical affections, and is an excellent diuretic.

## DOSIMETRIC TRINITY.

This can be given according to the aconitine rule (which see).

## DUBOISINE SULPHATE.

AGE		DOSE
10 years	gr. 1-250 three times a day	gr. 1-250
5 "	" 1-500 " " "	" 1-500
3 "	" 1-1000 " " "	" 1-1000
1 "	" 1-2000 " " "	" 1-2000

This drug is used principally as a mydriatic and is much stronger than atropine. It is also used in mental diseases. The dose must be increased with caution and double the above doses should never be exceeded.

## EMETINE.

AGE		DOSE
10 years	24 granules of gr. 1-67 into 24 teaspoonfuls of water	gr. 1-67
5 "	12 " " " " " "	" 1-134
3 "	6 " " " " " "	" 1-268
1 "	3 " " " " " "	" 1-536

The dose for a six-months-old child is half the dose quoted for the one-year-old child. This medicine should be given every half hour until effect, then less often, according to the effect desired. As an emetic for a child five years old give five granules in warm water every fifteen minutes until effect.

## ERGOTIN.

AGE		DOSE
10 years	gr. 1-3 every half hour	gr. 1-3
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

The above dose may be increased if necessary.





## ERYTHROL TETRANITRITE.

AGE		DOSE
10 years	gr. 1-3 three times a day	gr. 1-3
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

This drug is useful in angina pectoris, asthma, heart diseases, and chronic inflammation of the kidneys. It is especially useful in preventing anginal pain. As this drug explodes on percussion it must be handled with care.

## ESERINE SALICYLATE.

AGE		DOSE
10 years	gr. 1-100 three times a day	gr. 1-100
5 "	" 1-200 " " "	" 1-200
3 "	" 1-500 " " "	" 1-500
1 "	" 1-1000 " " "	" 1-1000

The above drug is antitetanic and myotic. It is useful in tetanus, convulsions and as an antidote to strychnine poisoning. It is best given hypodermically.

## EUMYDRIN.

AGE		DOSE
10 years	gr. 1-100 three times a day	gr. 1-100
5 "	" 1-200 " " "	" 1-200
3 "	" 1-400 " " "	" 1-400
1 "	" 1-800 " " "	" 1-800

The above drug is mydriatic and antihydrotic. It is freely soluble in water.

## EUONYMIN.

AGE		DOSE
10 years	gr. 1-6 every two hours	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

The above doses may be doubled, if necessary, to effect.

## EUPHORIN.

AGE		DOSE
10 years	gr. 1-6 every 15 minutes	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is anodyne, antiseptic and anti-rheumatic, and is used in rheumatism, sciatica

and headache. The dose above given can be pushed to effect and then given according to the effect desired.

#### FERRATIN.

AGE		DOSE
10 years	grs. 3 three times a day	grs. 3
5 "	" 1-2 " " "	" 1 1-2
3 "	" 3-4 " " "	" 3-4
1 "	" 1-3 " " "	" 1-3

This is an albuminate of iron and is excellent for administering to children, as it can be given with milk or water. The above dose can be increased if necessary.

#### GALLIC ACID.

AGE		DOSE
10 years	grs. 5 three times a day	grs. 5
5 "	" 3 " " "	" 3
3 "	" 1 1-2 " " "	" 1 1-2
1 "	" 1-2 " " "	" 1-2

The above doses are about right but may be increased or decreased according to the effect.

#### GELSEMININE.

AGE		DOSE
10 years	12 granules of gr. 1-250 into 24 teaspoonfuls of water	gr. 1-500
5 "	6 " " " "	" 1-1000
3 "	4 " " " "	" 1-1500
1 "	2 " " " "	" 1-3000

A child six months old takes the dose quoted for the one-year-old child. The above doses are given every half to two hours until effect, then reduced as required.

#### GLONOIN.

AGE		DOSE
10 years	24 granules of gr. 1-250 into 24 teaspoonfuls of water	gr. 1-250
5 "	12 " " " "	" 1-500
3 "	6 " " " "	" 1-1000
1 "	3 " " " "	" 1-2000

A six-months-old child takes half the dose quoted for the one-year-old child. This dose can be increased or given less often as required. The above doses given every fifteen minutes to half





hour will be quite sufficient for all purposes. This drug is a powerful heart stimulant, and has a large range of usefulness.

## GOLD CHLORIDE.

AGE		DOSE
10 years	gr. 1-100 three times a day	gr. 1-100
5 "	" 1-200 " " "	" 1-200
3 "	" 1-400 " " "	" 1-400
1 "	" 1-800 " " "	" 1-800

The drug can be given in double the above doses if required, but with caution. This drug is alterative and is of special value in tuberculous affections and lupus.

## GOLD IODIDE.

AGE		DOSE
10 years	gr. 1-100 three times a day	gr. 1-100
5 "	" 1-200 " " "	" 1-200
3 "	" 1-400 " " "	" 1-400
1 "	" 1-800 " " "	" 1-800

This drug is good in scrofula and tubercular diseases, and must be given with caution.

## GOLD MONOBROMIDE.

AGE		DOSE
10 years	gr. 1-34 three or four times a day	gr. 1-34
5 "	" 1-67 " " "	" 1-67
3 "	" 1-134 " " "	" 1-134
1 "	" 1-268 " " "	" 1-268

The above doses must be increased with caution. This drug is useful in epilepsy and all nervous diseases.

## GOLD AND SODIUM CHLORIDE.

AGE		DOSE
10 years	gr. 1-34 three times a day	gr. 1-34
5 "	" 1-67 " " "	" 1-67
3 "	" 1-134 " " "	" 1-134
1 "	" 1-268 " " "	" 1-268

This drug is alterative and is useful in syphilis, cancer, neuralgia, dipsomania, whooping-cough, and hysteria. The dose may be increased if necessary.

## GUAIACETIN.

AGE		DOSE
10 years	grs. 5 three or four times a day	grs. 5
5 "	" 2 1-2 " " "	" 2 1-2
3 "	" 1 1-2 " " "	" 1 1-2
1 "	" 1-2 " " "	" 1-2

The above drug is antitubercular, and is best given in syrup of orange.



## GUAIAQUIN.

AGE	gr. 1	every hour	DOSE
10 years	gr. 1	every hour	gr. 1
5 "	"	1-2 " "	" 1-2
3 "	"	1-6 " "	" 1-6
1 "	"	1-12 " "	" 1-12

The above drug is antiperiodic and intestinal antiseptic. It is soluble in water.

## HAMAMELIN.

AGE	gr. 1-6	every two hours	DOSE
10 years	gr. 1-6	every two hours	gr. 1-6
5 "	"	1-12 " " "	" 1-12
3 "	"	1-24 " " "	" 1-24
1 "	"	1-48 " " "	" 1-48

This drug is alterative to mucous membranes. The above dose may be increased to double, if necessary.

## HELMITOL.

AGE	gr. 1	every half hour to effect	DOSE
10 years	gr. 1	every half hour to effect	gr. 1
5 "	"	1-2 " " " "	" 1-2
3 "	"	1-6 " " " "	" 1-6
1 "	"	1-12 " " " "	" 1-12

This drug is an excellent urinary antiseptic and is useful in cystitis, urethritis, and pyelitis. It is soluble in water. Larger doses may be given if necessary.

## HELONIN.

AGE	gr. 1-6	three times a day	DOSE
10 years	gr. 1-6	three times a day	gr. 1-6
5 "	"	1-12 " " "	" 1-12
3 "	"	1-24 " " "	" 1-24
1 "	"	1-48 " " "	" 1-48

This is tonic to the reproductive organs.

## HEROINE HYDROCHLORIDE.

AGE	gr. 1-12	three or four times a day	DOSE
10 years	gr. 1-12	three or four times a day	gr. 1-12
5 "	"	1-24 " " "	" 1-24
3 "	"	1-48 " " "	" 1-48
1 "	"	1-96 " " "	" 1-96

This may be increased to effect. This salt is soluble in water and may be given for the coughs of children with excellent results.





## HYDRASTININE HYDROCHLORIDE.

AGE					DOSE
10 years	gr.	1-6	three or four times a day		gr. 1-6
5 "	"	1-12	" " "	"	" 1-12
3 "	"	1-24	" " "	"	" 1-24
1 "	"	1-96	" " "	"	" 1-96

The above drug is soluble in water and may be readily given to children. Its action is principally hemostatic and astringent.

## HYOSCINE, HYDROBROMIDE.

AGE					DOSE
10 years	gr.	1-250 to	1-125	three times a day	gr. 1-250 to 1-125
5 "	"	1-500	1-250	" " "	" 1-500 " 1-250
3 "	"	1-1000	1-500	" " "	" 1-1000 " 1-500
1 "	"	1-2000	1-1000	" " "	" 1-2000 " 1-1000

## HYOSCYAMINE, AMORPHOUS.

AGE					DOSE
10 years	24 granules of gr. 1-250 into 24 teaspoonfuls of water				gr. 1-250
5 "	12 "	"	"	"	" 1-500
3 "	6 "	"	"	"	" 1-1000
1 "	3 "	"	"	"	" 1-2000

A six-months-old child may be given half the dose quoted for the one-year-old child. The above doses may be increased if required until effect. This drug acts better than most alkaloids do and can be given with safety by doubling the above doses but the doses above quoted given every half hour until effect will generally be found sufficient.

## ICHTHALBIN.

AGE					DOSE
10 years	grs. 5		three times a day		grs. 5
5 "	" 2	1-2	" " "	"	" 2 1-2
3 "	" 1	1-2	" " "	"	" 1 1-2
1 "	"	1-2	" " "	"	" 1-2

The above is an albuminate of ichthyol and is an external as well as internal antiseptic; also antiphlogistic. It is useful in ulcers, phthisis, scrofula, rickets, rheumatism, intestinal catarrh and skin diseases.

## IODO-HEMOL.

AGE					DOSE
10 years	gr. 1	to 5	three times a day	gr. 1	to 5
5 "	" 1-2	" 2 1-2	" " "	" 1-2	" 2 1-2
3 "	" 1-3	" 1 1-2	" " "	" 1-3	" 1 1-2
1 "	" 1-6	" 2-3	" " "	" 1-6	" 2-3

The above drug is alterative and hematinic. This is useful in syphilis, scrofula, asthma and

skin diseases. This chemical compound contains 16 percent of iodine.

#### IODOFORM.

AGE		DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is antiseptic and alterative, and has a wide range of usefulness.

#### IODOL.

AGE		DOSE
10 years	gr. 1-6 every half hour until effect	gr. 1-6
5 "	" 1-12 " " " " "	" 1-12
3 "	" 1-24 " " " " "	" 1-24
1 "	" 1-48 " " " " "	" 1-48

This drug is antiseptic and alterative. It is useful in syphilis, scrofula and skin diseases requiring iodine. This drug can be given to effect and then reduced as required. The small and often-repeated dose is best.

#### IRIDIN.

AGE		DOSE
10 years	gr. 1-12 three or four times a day	gr. 1-12
5 "	" 1-24 " " " "	" 1-24
3 "	" 1-48 " " " "	" 1-48
1 "	" 1-96 " " " "	" 1-96

The above doses may be increased to effect.

#### IRON ARSENATE.

AGE		DOSE
10 years	gr. 1-12 three times a day	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

For small children dissolve in hot water before giving.

#### IRON BROMIDE.

AGE		DOSE
10 years	gr. 1 three or four times a day	gr. 1
5 "	" 1-2 " " " "	" 1-2
3 "	" 1-6 " " " "	" 1-6
1 "	" 1-12 " " " "	" 1-12

This is an alterative and is useful in scrofula, amenorrhœa, phthisis, leucorrhœa and glandular swellings. Push to effect.





IRON IODIDE.

AGE	DOSE		
10 years	gr. 1-2	three times a day	gr. 1-2
5 "	" 1-4	" " "	" 1-4
3 "	" 1-8	" " "	" 1-8
1 "	" 1-16	" " "	" 1-16

This is a maximum dose. Half the above doses are large enough for general purposes. This should be diluted in hot water before giving to children. Older children readily take the tablets.

IRON VALERIANATE.

AGE	DOSE		
10 years	gr. 1	three or four times a day	gr. 1
5 "	" 1-2	" " "	" 1-2
3 "	" 1-6	" " "	" 1-6
1 "	" 1-12	" " "	" 1-12

This drug is useful in anemia, chlorosis, epilepsy, chorea, and diabetes. Push to effect and then reduce as required.

JUGLANDIN.

AGE	DOSE		
10 years	gr. 1-6	four times a day	gr. 1-6
5 "	" 1-12	" " "	" 1-12
3 "	" 1-24	" " "	" 1-24
1 "	" 1-48	" " "	" 1-48

The above doses are usually large enough for all purposes, but may be increased or decreased according to the effects desired.

KOUSSEIN.

AGE	DOSE						
10 years	grs. 5	every half hour for three doses followed by castor oil					
5 "	" 2	1-2	"	"	"	"	"
3 "	" 1	1-2	"	"	"	"	"
1 "	" 1	1-2	"	"	"	"	"

This drug is an excellent anthelmintic.

LEAD ACETATE.

AGE	DOSE		
10 years	gr. 1-4	every two hours	gr. 1-4
5 "	" 1-8	" " "	" 1-8
3 "	" 1-16	" " "	" 1-16
1 "	" 1-32	" " "	" 1-32

The above doses can be increased to double if necessary. Watch for its effect on the gums, and reduce as soon as the symptoms of overdose are detected.



## LITHIUM BENZOATE AND LITHIUM CARBONATE.

AGE	gr. I	every hour	DOSE
10 years	gr. I	every hour	gr. I
5 "	"	I-2 " "	" I-2
3 "	"	I-6 " "	" I-6
I "	"	I-12 " "	" I-12

The above dose can be increased if desired. If you have a strongly acid urine, give it in dose enough until the urine becomes almost neutral, then reduce the dose as required. Lithium benzoate and lithium carbonate in combination with hyoscyamine and asparagin is an excellent combination in cystitis. Give it in small and frequently repeated doses until effect, then less often. If you have never tried this combination you will be surprised in its action.

## LOBELIN.

AGE	DOSE
10 years	24 granules of gr. I-12 into 24 teaspoonfuls of water
5 "	12 " " I-24 " " " " I-24
3 "	6 " " I-48 " " " " I-48
I "	2 " " I-96 " " " " I-96

For a six-months-old child give half the dose quoted for the one-year-old child. The dose may be given every hour until effect, or, in cases requiring it, may be given every fifteen minutes, then less often, as the case requires.

## LYCOPIN.

AGE	gr. I-6 three times a day	DOSE
10 years	gr. I-6 three times a day	gr. I-6
5 "	" I-12 " " "	" I-12
3 "	" I-24 " " "	" I-24
I "	" I-48 " " "	" I-48

This drug is expectorant and sedative.

## MACROTIN.

AGE	gr. I-6 every hour or two	DOSE
10 years	gr. I-6 every hour or two	gr. I-6
5 "	" I-12 " " "	" I-12
3 "	" I-24 " " "	" I-24
I "	" I-48 " " "	" I-48

The above doses can be increased according to the effect desired.





MENISPERMIN.

AGE		DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is diuretic, tonic and alterative.

MENTHOL.

AGE		DOSE
10 years	gr. 1-12 every two hours	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

This is a very fine drug for the flatulent colic of infants, and may be given to effect. This drug can be diluted in water.

MERCURY BICHLORIDE.

AGE		DOSE
10 years	gr. 1-134 every hour or two until effect	gr. 1-134
5 "	" 1-260 " " "	" 1-260
3 "	" 1-536 " " "	" 1-536
1 "	" 1-1072 " " "	" 1-1072

If you wish you can give it three times a day as follows:

AGE		DOSE
10 years	gr. 1-34 three times a day	gr. 1-34
5 "	" 1-67 " " "	" 1-67
3 "	" 1-134 " " "	" 1-134
1 "	" 1-267 " " "	" 1-267

MERCURY AND CHALK.

AGE				DOSE
10 years	grs. 3	to 5	three times a day	grs. 3 to 5
5 "	" 1	" 3	" " "	" 1 " 3
3 "	" 1-2	" 2	" " "	" 1-2 " 2
1 "	" 1-6	" 1-3	" " "	" 1-6 " 1-3

The above doses you will find to answer the purpose in most of the cases in which you desire to use this preparation of mercury. It is of special use in the unhealthy fetid stools with nausea in children.

MERCURY PROTOIODIDE.

AGE				DOSE
10 years	gr. 1-6 to	1-2	three times a day	gr. 1-6 to 1-2
5 "	" 1-6 "	1-3	" " "	" 1-6 " 1-3
3 "	" 1-12 "	1-6	" " "	" 1-12 " 1-6
1 "	" 1-24 "	1-12	" " "	" 1-24 " 1-12

As this salt of mercury has a tendency to act very quickly on the bowels, you must watch the

effect and reduce the dose when required. This salt is the best all-around one for treating syphilitic diseases.

#### MERCURY SUBSULPHATE.

This is principally used as an emetic in croup. The dose for a five-year-old child is five grains, followed by a second dose if necessary. It is a safe and firm emetic.

#### MERCURY TANNATE.

AGE		DOSE
10 years	gr. 1 three times a day	gr. 1
5 "	" 1-2 " " "	" 1-2
3 "	" 1-6 " " "	" 1-6
1 "	" 1-12 " " "	" 1-12

The above drug is antisyphilitic and contains about 50 per cent of mercury.

#### MORPHINE SULPHATE.

AGE		DOSE
10 years	gr. 1-12 three times a day	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

The above doses can be increased if necessary to effect, but for children the alkaloids codeine and dionin are best and safest for internal use.

#### MUSCARINE NITRATE.

AGE		DOSE
10 years	gr. 1-67 three times a day	gr. 1-67
5 "	" 1-134 " " "	" 1-134
3 "	" 1-268 " " "	" 1-268
1 "	" 1-536 " " "	" 1-536

This drug is useful in night-sweats, diabetes and nervous diseases. It is antispasmodic and antihydrotic. The above doses can be doubled if necessary.

#### NICKEL BROMIDE.

AGE		DOSE
10 years	grs. 4 three times a day	grs. 4
5 "	" 2 " " "	" 2
3 "	" 1 " " "	" 1
1 "	" 1-2 " " "	" 1-2

The above dose may be increased or decreased as circumstances require.





## NUCLEIN.

AGE					DOSE
10 years	5	drops on the tongue between meals			5 drops
5 "	3	"	"	"	3 "
3 "	1	"	"	"	1 "
1 "		1-2	"	"	1-2 "

This preparation is one of the most useful that we have in diphtheria, scarlet-fever, measles, and all affections due to a low condition of the blood. The above dose may be increased if found necessary. It can be given hypodermically two or three times a day in diphtheria with good results.

## PANKREON.

AGE					DOSE
10 years		grs. 4	after meals		grs. 4
5 "		" 2	"	"	" 2
3 "		" 1	"	"	" 1
1 "			1-2	"	1-2

This is a pancreatic extract combined with tannic acid and is an excellent combination in intestinal indigestion, and hence will be found useful in all bowel complaints of children, especially enterocolitis. This preparation will not act until it gets into the intestines where it is decomposed into its elements by the intestinal secretions.

## PELLETIERINE TANNATE.

AGE					DOSE
10 years	grs. 10	followed in two hours by a dose of castor oil			grs. 10
5 "	" 5	"	"	"	" 5
3 "	" 3	"	"	"	" 3
1 "	" 1	"	"	"	" 1

The above drug is chiefly used in tapeworm. In the above doses, followed by a dose of castor oil, it will in most cases bring away the worm. Repeat the next day if necessary.

## PEPSIN AND PAPAYOTIN.

AGE					DOSE
10 years	grs. 1	to 5	before or after meals		grs. 1 to 5
5 "	"	1-2 " 3	"	"	" 1-2 " 3
3 "	"	1-2 " 1	"	"	" 1-2 " 1
1 "	"	1-6 " 1-3	"	"	" 1-6 " 1-3

Small doses of the above preparation are of no value, therefore, you must give a fair dose. If



you desire any benefit it must be given in large doses. This has been my personal experience with the above preparation.

## PICROTOXIN.

AGE	gr.	1-134	night and morning	DOSE
10 years	gr.	1-134	night and morning	gr. 1-134
5 "	"	1-268	" " "	" 1-268
3 "	"	1-500	" " "	" 1-500
1 "	"	1-1000	" " "	" 1-1000

This drug is antihidrotic, nervine and antispasmodic. It is useful in night-sweats, paralysis, epilepsy, chorea, flatulent dyspepsia, and dysmenorrhœa; it is an antidote to chloral.

## PILOCARPINE NITRATE.

AGE	48 granules of gr. 1-67 into 24 teaspoonfuls of water	DOSE
10 years	48 granules of gr. 1-67 into 24 teaspoonfuls of water	gr. 1-34
5 "	24 " " " " " "	" 1-67
3 "	12 " " " " " "	" 1-134
1 "	6 " " " " " "	" 1-268

A six-months-old child takes half the dose quoted for the one-year-old child. Give it every hour until you get its effect, then reduce it as required.

## PHYTOLACCIN.

AGE	gr. 1-4 to 1-2 three times a day	DOSE
10 years	gr. 1-4 to 1-2 three times a day	gr. 1-4 to 1-2
5 "	" 1-8 " 1-4 " " "	" 1-8 " 1-4
3 "	" 1-16 " 1-8 " " "	" 1-16 " 1-8
1 "	" 1-32 " 1-16 " " "	" 1-32 " 1-16

Give the above drug to effect. When the desired results are obtained reduce it. This drug is useful in all glandular swellings.

## PODOPHYLLIN.

AGE	1-6 of a grain granule three times a day	DOSE
10 years	1-6 of a grain granule three times a day	gr. 1-6
5 "	1-12 " " " " "	" 1-12
3 "	1-12 " " " " "	" 1-12
1 "	1-48 " " " " "	" 1-48

## POPULIN.

AGE	gr. 1-6 three times a day	DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " " "	" 1-12
3 "	" 1-24 " " " "	" 1-24
1 "	" 1-48 " " " "	" 1-48

This is a general tonic and resembles brucine.





POTASSIUM ARSENATE.

AGE						DOSE
10 years	24	granules of gr. 1-67	into	24	teaspoonfuls of water	gr. 1-67
5 "	12	"	"	"	"	" 1-134
3 "	6	"	"	"	"	" 1-268
1 "	3	"	"	"	"	" 1-536

The above doses are given three or four times a day and may be increased or decreased as to the effect desired.

POTASSIUM BICHROMATE.

AGE						DOSE
10 years	24	granules of gr. 1-67	into	24	teaspoonfuls of water	gr. 1-67
5 "	12	"	"	"	"	" 1-134
3 "	6	"	"	"	"	" 1-268
1 "	3	"	"	"	"	" 1-536

This medicine can be given a teaspoonful every half hour to one hour until effect, then less often as required. This is a useful drug in all throat affections of children.

QUASSIN.

AGE						DOSE
10 years	1-12	of a grain granule	before	meals		gr. 1-12
5 "	1-12	"	"	"	"	" 1-12
3 "	1-24	"	"	"	"	" 1-24
1 "	1-48	"	"	"	"	" 1-48

In young children it is best given diluted. Dissolve the granule in a teaspoonful of warm water, and give it fifteen minutes before meals or feeding. This is an excellent medicine for stimulating the appetite in children.

QUININE ARSENATE.

AGE						DOSE
10 years	gr. 1-12	three	times	a	day	gr. 1-12
5 "	1-24	"	"	"	"	" 1-24
3 "	1-48	"	"	"	"	" 1-48
1 "	1-96	"	"	"	"	" 1-96

For small children dissolve the dose in hot water before giving.

QUININE HYDROFERROCYANIDE.

AGE						DOSE
10 years	gr. 1-12	before	meals			gr. 1-12
5 "	1-24	"	"	"	"	" 1-24
3 "	1-48	"	"	"	"	" 1-48
1 "	1-96	"	"	"	"	" 1-96

The above doses are tonic, hematic, and can be used in the treatment of malarial fever.



## SALICIN.

AGE		gr. 1	every hour	DOSE
10 years		gr. 1	every hour	gr. 1
5 "		" 1-2	" "	" 1-2
3 "		" 1-3	" "	" 1-3
1 "		" 1-6	" "	" 1-6

Salicin is tonic, antiperiodic, antirheumatic. It is useful in rheumatism, malaria, puerperal fever and chorea. The above doses may be doubled if necessary.

## SALINE LAXATIVE.

This laxative is an effervescent salt of magnesium sulphate.

AGE		teaspoonful	three times a day	in half a glass of water
10 years	1	"	"	"
5 "	1-2	"	"	"
3 "	1-4	"	"	"
1 "	1-8	"	"	"

In giving this salt to children, when the effervescence ceases add a little sugar to sweeten, and children will take it without any trouble. This is the best all around laxative I know of and can be given in double the above doses, if required, to effect.

## SALOL.

AGE		grs. 5	three times a day	DOSE
10 years		grs. 5	three times a day	grs. 5
5 "		" 2	" "	" 2 1-2
3 "		" 1	" "	" 1 1-2
1 "		" 1-2	" "	" 1-2

The above drug is good in rheumatic affections but is now used more as an urinary antiseptic in bladder troubles.

## SANGUINARINE NITRATE.

AGE		gr. 1-67	every half hour	DOSE
10 years		gr. 1-67	every half hour	gr. 1-67
5 "		" 1-134	" "	" 1-134
3 "		" 1-268	" "	" 1-268
1 "		" 1-536	" "	" 1-536

These doses are given until you get the effect desired and then reduced. It is chiefly used as an expectorant in bronchial affections.

## SANTONIN.

AGE		DOSE
10 years	grs. 5 every night for three nights	grs. 5
5 "	" 3 " " " "	" 3
3 "	" 2 " " " "	" 2
1 "	" 1 " " " "	" 1

Give the above doses every night for three nights. After the three doses give castor oil or calomel. If worms are present they will usually come away. Santonin is a very good remedy for round-worms.

## SCILLITIN.

AGE		DOSE
10 years	24 granules of gr. 1-67 into 24 teaspoonfuls of water	gr. 1-67
5 "	" 12 " " " "	" 1-134
3 "	" 6 " " " "	" 1-268
1 "	" 3 " " " "	" 1-536

A six-months-old child takes half the dose quoted for the one-year-old child. Give this every half hour until the desired effect, then less often.

## SCOPOLAMINE HYDROBROMIDE.

This drug is used chiefly in ophthalmology and hypodermically in mental diseases. A ten-year-old child may receive 1-250 of a grain under the skin, to be repeated if necessary with caution. Externally it is used in a 1-10 per cent solution.

## SCUTELLARIN.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 1-3 " " "	" 1-3
3 "	" 1-6 " " "	" 1-6
1 "	" 1-12 " " "	" 1-12

A six-months-old child takes half that quoted for the one-year-old child. The above doses may be increased if necessary, but as above given will almost answer all purposes.

## SENECIN.

AGE		DOSE
10 years	gr. 1-6 four times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is a tonic to the reproductive organs, indicated by a feeling of weight and dragging.







SILVER CYANIDE

AGE		DOSE
10 years	gr. 1-67 three times a day	gr. 1-67
5 "	" 1-134 " " "	" 1-134
3 "	" 1-268 " " "	" 1-268
1 "	" 1-536 " " "	" 1-536

The above drug is antiseptic and sedative and is useful in epilepsy, chorea, and other nervous diseases.

SILVER IODIDE.

AGE		DOSE
10 years	gr. 2-3 three times a day	gr. 2-3
5 "	" 1-3 " " "	" 1-3
3 "	" 1-6 " " "	" 1-6
1 "	" 1-12 " " "	" 1-12

This drug is useful in gastralgia and syphilis and is an alterative.

SILVER OXIDE.

AGE		DOSE
10 years	gr. 1-2 before meals	gr. 1-2
5 "	" 1-4 " " "	" 1-4
3 "	" 1-8 " " "	" 1-8
1 "	" 1-16 " " "	" 1-16

SILVER NITRATE.

AGE		DOSE
10 years	gr. 1-3 before each meal	gr. 1-3
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

The above doses may be increased if desired, but for ordinary purposes the above doses are sufficient.

SODIUM BENZOATE.

AGE		DOSE
10 years	grs. 2 every two hours	grs. 2
5 "	" 1 " " "	" 1
3 "	" 1-2 " " "	" 1-2
1 "	" 1-6 " " "	" 1-6

The above drug being a urinary antiseptic may be increased or decreased according to circumstances. The above doses are given every two hours, well diluted.

SODIUM CARBONATE.

AGE		DOSE
10 years	grs. 5 three times a day	grs. 5
5 "	" 2 1-2 " " "	" 2 1-2
3 "	" 1 " " "	" 1
1 "	" 1-2 " " "	" 1-2

The above dose given three times a day is an excellent antacid for children, and must be well

diluted in water before giving. Where it is necessary the dose can be doubled to effect and then reduced as circumstances require.

## SODIUM CACODYLATE.

AGE		DOSE
10 years	gr. 1 three times a day	gr. 1
5 "	" 1-2 " " "	" 1-2
3 "	" 1-6 " " "	" 1-6
1 "	" 1-12 " " "	" 1-12

This drug is alterative and hematinic, used chiefly in skin diseases, pseudoleukemia, diabetes, anemia, chorea, malaria and tuberculosis. It may be given hypodermically.

## SODIUM SUCCINATE.

AGE		DOSE
10 years	grs. 3 three times a day	grs. 3
5 "	" 1 1-2 " " "	" 1 1-2
3 "	" 3-4 " " "	" 3-4
1 "	" 1-6 " " "	" 1-6

The above doses may be increased.

## SOLANINE.

AGE		DOSE
10 years	gr. 1-24 three times a day	gr. 1-24
5 "	" 1-48 " " "	" 1-48
3 "	" 1-96 " " "	" 1-96
1 "	" 1-192 " " "	" 1-192

This drug has of late been found very useful in epilepsy but its specific action in this disease is still in doubt, and the exact dose has not been as yet properly defined, so that further experiments are necessary to determine its real value.

## SPARTEINE SULPHATE.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

A six-months-old child can take 1-67 of a grain granule three times a day. The dose can be given more or less, according to the effect desired. This drug is readily soluble in water.

1000



## STILLINGIN.

AGE		DOSE
10 years	gr. 1-6 three times a day	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This is an alterative and is useful in scrofula and syphilis.

## STROPHANTHIN.

AGE		DOSE
10 years	24 granules of gr. 1-500 into 24 teaspoonfuls of water	gr. 1-500
5 "	12 " " " " "	" 1-1000
3 "	6 " " " " "	" 1-2000
1 "	3 " " " " "	" 1-4000

The six-months-old child takes half the dose quoted for the one-year-old child. In heart trouble I prefer large doses given three times a day. This will give better results, although the physician must use his own judgment in the case on hand.

## STRYCHNINE ARSENATE AND STRYCHNINE SULPHATE.

AGE		DOSE
10 years	24 granules of gr. 1-134 into 24 teaspoonfuls of water	gr. 1-134
5 "	12 " " " " "	" 1-268
3 "	6 " " " " "	" 1-536
1 "	3 " " " " "	" 1-1072

A six-months-old child can take half the dose quoted for the one-year-old child. It may be given in larger doses three times a day if desired, and then before meals. The doses above quoted are given every hour or two until effect and then reduced.

## STYPTICIN.

AGE		DOSE
10 years	grs. 2 three times a day	grs. 2
5 "	" 1 " " "	" 1
3 "	" 1-2 " " "	" 1-2
1 "	" 1-6 " " "	" 1-6

This is a powerful hemostatic and as it is soluble in water, it can be very readily given to children. The above doses are to be increased or decreased as required.

## SULPHOCARBOLATES AND INTESTINAL ANTISEPTICS.

AGE	DOSE		in solution every one or two hours			
10 years	gr. 1	to 5	"	"	"	"
5 "	" 1	" 2	"	"	"	"
3 "	" 1-2	" 1	"	"	"	"
1 "	" 1-6	" 1-3	"	"	"	"

A six-months-old child can take 1-6 of a grain every hour or two for disinfecting the stomach and bowels. The intestinal antiseptics are best given in solution. Give enough until the odor is removed from the stools, then reduce the dose. If there is much diarrhea and you wish a more astringent effect, give the zinc sulphocarbolate alone. A child ten years of age can take as much as 30 grains a day, and a one-year-old child as much as three or four grains, but as soon as you get the desired effect you must reduce the dose accordingly.

## SULPHURATED ANTIMONY.

AGE	DOSE					
10 years	gr. 1-6	every half	to one hour	as expectorant	"	"
5 "	" 1-12	"	"	"	"	"
3 "	" 1-24	"	"	"	"	"
1 "	" 1-48	"	"	"	"	"

The above drug is diaphoretic, emetic and expectorant. It is useful in syphilis and skin diseases, and as an emetic must be given in maximum doses. A child five years old can take five grains to be repeated if necessary.

## TANNIC ACID.

AGE	DOSE			
10 years	gr. 1-6	every hour	"	"
5 "	" 1-8	"	"	"
3 "	" 1-16	"	"	"
1 "	" 1-32	"	"	"

Tannic acid, given in small and often repeated doses, will have better effect than if given in larger doses. As this drug has a powerful astringent effect, its range of usefulness is by no means limited.





1

## TANNALBIN.

AGE	DOSE			
10 years	grs. 5	to 10	every hour	grs. 5 to 10
5 "	" 2	1-2	to 5 "	" 2 1-2 to 5
3 "	" 1	1-2	to 3 "	" 1 1-2 to 3
1 "	" 1	to 1	1-2 "	" 1 to 1 1-2

This is a dried albuminated preparation of tannic acid, light brown in color, odorless and tasteless, and contains 50 percent of tannin. It is insoluble in water. Its chief use is as an intestinal astringent and antidiarrheal. The doses above quoted may be doubled if necessary.

## TANNOPIN.

AGE	DOSE			
10 years	grs. 5	three times a day		grs. 5
5 "	" 3	" " "		" 3
3 "	" 1	1-2 " " "		" 1 1-2
1 "	" 3-4	" " "		" 3-4

The above drug is an intestinal astringent, and is very useful in certain forms of diarrhea and dysentery. The doses may be increased if found necessary.

## TARTAR EMETIC.

AGE	DOSE					
10 years	24 granules of gr. 1-67	into 24	teaspoonfuls of water			gr. 1-67
5 "	" 12	" " "	" " "	" " "	" " "	" 1-134
3 "	" 6	" " "	" " "	" " "	" " "	" 1-268
1 "	" 3	" " "	" " "	" " "	" " "	" 1-536

Give the above doses every hour until effect and then less often. This is an excellent drug in croup and dry coughs in children.

## THIOCOL.

AGE	DOSE			
10 years	grs. 10	after meals		grs. 10
5 "	" 5	" " "		" 5
3 "	" 3	" " "		" 3
1 "	" 1	" " "		" 1

Thiocol is best given in syrup of orange after meals. This is a maximum dose. It is best to start with half the above dose and gradually increase to the maximum. This drug is especially useful in phthisis and bronchitis, acute and chronic.

## THIOSINAMIN.

AGE		DOSE
10 years	gr. 1-3 twice daily	gr. 1-3
5 "	" 1-6 " "	" 1-6
3 "	" 1-12 " "	" 1-12
1 "	" 1-34 " "	" 1-34

This drug, hypodermically administered, is resolvent and is useful in stricture, corneal opacity, chronic deafness. Externally in lupus and tumors. The above doses may be gradually increased to double the quantity named.

## THYROIDIN.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 1-3 " " "	" 1-3
3 "	" 1-6 " " "	" 1-6
1 "	" 1-16 " " "	" 1-16

This is the dried extract of sheep's thyroid. It is alterative and is useful in obesity. The dose may gradually be increased to double the above.

## VERATRINE.

This drug can be given according to the aconitine rule (which see).

## VERBENIN.

AGE		DOSE
10 years	gr. 1-2 three times a day	gr. 1-2
5 "	" 1-4 " " "	" 1-4
3 "	" 1-8 " " "	" 1-8
1 "	" 1-16 " " "	" 1-16

The above doses are maximum doses but they are best given in a small dose and gradually increase until effect. As some patients can take more than others, the dose will have to be gauged according to the effect it has on the patient. The best plan is to give dose enough and then reduce according to the circumstances. The granules and tablets of the above drugs are put up by The Abbott Alkaloidal Company.





XANTHOXYLIN.

AGE		DOSE
10 years	gr. 1-6 every half hour	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

This drug is antirheumatic, diuretic and tonic.

The above is the proper dose for general use but can be increased or decreased as the case requires.

ZINC BROMIDE.

AGE		DOSE
10 years	grs. 2 three times a day	grs. 2
5 "	" 1 " " "	" 1
3 "	" 1-2 " " "	" 1-2
1 "	" 1-6 " " "	" 1-6

The above doses are the maximum doses. Small and frequently repeated doses are best, but in enuresis it can be pushed to the full dose for effect. In combination with ergotin it is a wonderful remedy in the above affections in children.

ZINC AND CODEINE COMPOUND TABLET.

AGE	
10 years	10 tablets into 24 teaspoonfuls of water
5 "	5 " " " "
3 "	3 " " " "
1 "	1 " " " "

Of the above solution give a teaspoonful every hour or two until effect, then less often as the case requires. This tablet contains zinc sulphocarbonate, one grain; codeine sulphate, 1-4 of a grain; hyoscyamine amorphous, 1-250 of a grain; and strychnine sulphate, 1-134 of a grain.

This combination is an excellent one in asthenic diarrheas.

ZINC OXIDE.

AGE		DOSE
10 years	gr. 1-2 before meals	gr. 1-2
5 "	" 1-6 " " "	" 1-6
3 "	" 1-12 " " "	" 1-12
1 "	" 1-24 " " "	" 1-24

## ZINC PHOSPHIDE.

AGE		DOSE
10 years	gr. 1-12 three times a day	gr. 1-12
5 "	" 1-24 " " "	" 1-24
3 "	" 1-48 " " "	" 1-48
1 "	" 1-96 " " "	" 1-96

Give the above for a week, then stop for a week. Then treat as above and stop for another week. When you get the desired effect stop it altogether.

## ZINC SULPHATE.

AGE		DOSE
10 years	grs. 10 as an emetic; repeat if necessary	grs. 10
5 "	" 5 " " "	" 5
3 "	" 3 " " "	" 3
1 "	" 1 " " "	" 1

After giving the above drug to produce emesis you can assist its action by a copious drinking of warm water. Repeat the dose if necessary.

## ZINC VALERIANATE.

AGE		DOSE
10 years	gr. 1-6 every hour until effect	gr. 1-6
5 "	" 1-12 " " "	" 1-12
3 "	" 1-24 " " "	" 1-24
1 "	" 1-48 " " "	" 1-48

The drug is given in diabetes, neuralgia, and in nervous diseases. The above dose may be increased to effect and then reduced as required.

## FINAL.

Most of the drugs in the foregoing table are made up into granules and tablets by The Abbott Alkaloidal Company. There are some that are not, but for those physicians who dispense their own medicines—and they all should—there are more than enough put up into granules and tablets to answer all purposes and for all diseases coming under the care of the general practitioner.

It is not the large variety of drugs as much as it is the few well-selected and well-understood drugs, that count in the effective treatment of disease. Therefore, select a few and study their







action well, and when these are understood, you can add more to your list as you go along. As some patients require more and others less it is for the doctor to know when and how to give.

Always give dose enough, and when that end has been attained, you can reduce the dose. As most of the granules and tablets are soluble in water there will be no difficulty in giving them to the smallest of children. Those that are not soluble can be crushed and given as a powder upon the tongue, or mixed in a little milk or sweetened water and then given.

The doses of the medicines as tabulated above are about right for general use, and for the ages given, but must be increased or decreased as the case requires.

That Golden Rule, "dose enough until effect, and then less often as required," should always be borne in mind. Above all, clean out, clean up, and keep clean.

In making up the foregoing dose table, frequent recourse was had to the works of Shaller, Abbott, Waugh and Burggraeve.







## HYDROTHERAPY AND FOODS.

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*Cool Sponging.*—A grateful and ready means of reducing hyperpyrexia. The face and neck are sponged and dried, then the arms and thorax receive similar attention, the lower limbs being sponged last of all. The water should not be cooler than 90° F. at first, but cold water may be added gradually as required till 80° F. is reached. However, in these days sponging at 95°—90° F. is preferred. Regular sponging should be used in the specific fevers, pneumonia, typhoid, etc. The addition of a little toilet vinegar or eau-de-Cologne to the water will prove refreshing and agreeable. The patient may require sponging every four hours or twice a day only. The temperature alone decides the frequency.

*The Wet-Pack.*—This is applied by wringing a sheet out of *cold* water, rolling it round the naked body from chin to foot, and over all wrapping a warm, dry blanket. The patient should lie on a cot covered with oil-cloth or rubber sheeting. Should the temperature not fall in an hour, rest and repeat the procedure, till your object *is* attained. Watch the pulse, and be ready with stimulants; should the pulse show signs of failing, remove the pack, dry the patient thoroughly and place him between blankets. The cold-pack is useful in scarlet-fever, measles, smallpox, pneumonia and uremia.

*Cold Baths.*—The child is put in water at 100° F., and the temperature of the bath is rapidly reduced

by the addition of ice or cold water. An ice-bag or cold compresses may be applied to the head, or cold water poured over the nape of neck at the same time. The child should be kept in the bath till reaction is produced. Watch the pulse, and exhibit stimulants if shivering occurs or the lips become blue. The cold bath is very useful in the hyperpyrexia (sthenic type) of typhoid fever, pneumonia, measles, or smallpox, but it is too depressing in scarlet-fever and diphtheria.

Enemata of iced water are useful in reducing temperature, and may be tried (with cold sponging) before resorting to the stronger methods of the bath and pack, or in conjunction with them.

Ice-bags or ice poultices may be applied to the head, chest, or abdomen. They are used a good deal at present in the treatment of acute inflammations of serous membranes.

*Hot-Packs.*—Wring a blanket out of hot water, and apply it round the body from chin to foot; roll a dry, warm blanket over this, and a thin mackintosh sheet over all. The patient so wrapped is placed on a cot. The "pack" may be renewed in one hour. This is a useful procedure in the general dropsy of chronic Bright's disease, especially when the urine is scanty and loaded with albumin.

Hot air or vapor-baths are very useful in acute nephritis when the urine is scanty and high-colored. They are best applied by means of a special apparatus, but in case of emergency a vapor-bath can be given readily enough by means of a bronchitis or ordinary kettle, and a small chair or stool can be made to do duty for a cradle.







*Mustard Bath.*—One-half to one ounce of mustard is made into a magma with hot water and then stirred into a gallon of water 100° F. This bath is useful in collapse from any cause, such as in the acute diarrhea of young children, pneumonia, convulsions and in the early stage of scarlet-fever and measles, to bring out the eruption if this is delayed or imperfectly developed.

*The Alkaline Bath.*—This is prepared by adding one-fourth ounce of sodium carbonate to each gallon of water. It is useful in allaying irritation in such skin diseases as acne, scabies and urticaria.

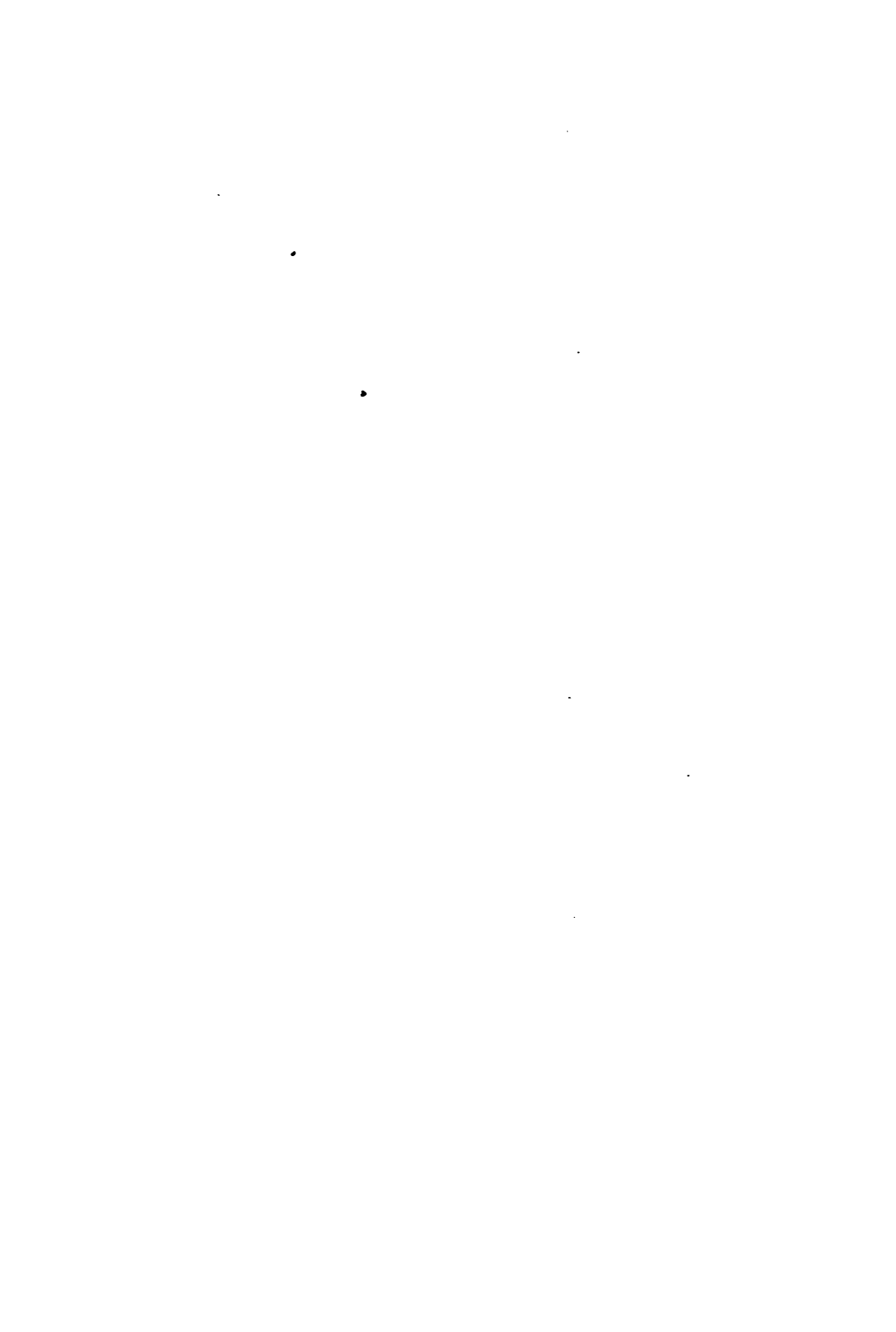
*The Bran Bath.*—This is prepared by adding two ounces of bran to each gallon of water. Mix the bran with a small quantity of water at first, then add it to the water in the bath.

*Oatmeal Bath.*—This is made the same way as the bran bath. Both of these baths are useful to allay any irritation of the skin in children.

*Sulphur Bath.*—This is prepared by adding one-fourth ounce of potassa sulphurata to each gallon of water. It is very useful in scabies. The skin should be lightly scrubbed while the patient is in the bath.

#### LAVAGE OR STOMACH WASHING

The apparatus required is a soft-rubber catheter having a large eye, a glass funnel holding four to six ounces of fluid, two feet of rubber tubing and a few inches of glass tubing to join this to the catheter. The child is held in the sitting position. The catheter is moistened and passed rapidly into the pharynx and esophagus, the tongue being depressed with the forefinger of the left hand. About ten



in severe diphtheria, in paralysis of the pharynx, in scarlet-fever, typhoid fever, pneumonia, etc. It may also be employed in many brain diseases in which food is refused or cannot be given by the mouth on account of delirium or coma, and it is useful in uncontrollable vomiting. Food given by gavage is often retained when much smaller quantities administered by a spoon, bottle, or even from the breast, were promptly returned. Quite frequently it is preferable to pass a small soft-rubber catheter through the nares; to the external end a glass funnel is attached and the food is introduced (in small quantities) as already described. The catheter must be oiled, and the child's arms should be secured to its sides.

THE VARIOUS METHODS OF PREPARING MILK,  
CEREALS AND BEEF JUICE.

*Pasteurization of Milk.*—By this is meant raising the milk to a temperature of 158° F., and keeping it at this heat for at least half an hour. The milk is subsequently rapidly cooled, and stored in a cool place, or, better still, in an ice-chest. The process is best carried out by using a sterilizer, of which there are many kinds to be had. Pasteurization is sufficient to destroy the great majority of bacilli found in milk, but it will not kill spores; as spores are present only after milk has been kept for some time, the importance of fresh milk becomes apparent. It is not safe to consider pasteurization as sufficient to destroy tubercle bacilli, nothing short of full sterilization being adequate for this purpose. Pasteurization does not change the taste of milk, and its digestibility is little, if at all, interfered with.

*Sterilization of Milk.*—By this is meant to raise the milk to boiling-point, the length of time during which the process is continued varying from ten minutes to half an hour, the former being sufficient to destroy all pathogenic germs, the latter being necessary only when the milk is intended for use over a lengthened period, e. g., for a journey. Milk may be efficiently sterilized by boiling in a saucepan, but a more accurate method is by using a sterilizer.

*Peptonization of Milk.*—When milk is peptonized the proteids are converted, either partially or wholly, into peptones by the action of a substance known as extractum pancreatis, the active ferment in which is trypsin. It is carried out as follows:

One pint of fresh cow's milk and four ounces of water are put into a bottle, and one of Fairchild's zymizing powders, which contains five grains of pancreatic extract and fifteen grains of bicarbonate of sodium, is added, the whole being shaken up. The mixture is kept at a temperature of 105° to 115° F. by placing the bottle in hot water, and it should get a shake occasionally. To convert completely all the proteid into peptone the process must be continued for two hours; to convert half the proteid, for one hour, and so on. To arrest the action of the ferment at any point in the process, the mixture is raised rapidly to boiling-point, or the same result may be attained by placing the mixture on ice.

*Barley Water.*—This is made by placing one tablespoonful of barley-meal in one and one-half pints of pure water, and letting it simmer gently for an hour, after which it is strained.





*Whey.*—The ordinary “rough-and-ready” way of making whey, by gently heating (not boiling) sweet milk and buttermilk in equal proportions, and draining off the whey when the mixture curdles, will do very well; but the more scientific way to make it is to warm a pint of milk to blood-heat, and add a teaspoonful of artificial rennet; break up the curd thus formed, and, after it subsides, decant the whey.

*Oatmeal Water.*—This is made by simmering gently for one hour a tablespoonful of oatmeal in a pint of water; make up to one pint.

*Arrowroot Water.*—Two teaspoonfuls of arrowroot are added to one pint of water; simmer for five minutes, stirring it all the time.

*Raw-Meat Juice.*—Mince finely the best rump-steak, and add cold water to it in the proportion of one part water to four of meat; stir well together, and let it soak for half an hour, cold. The juice should then be forcibly expressed through muslin by twisting it.

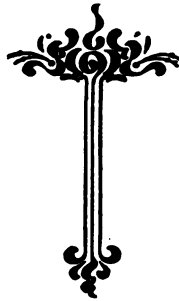
Another method is to mince finely a pound of the best rump-steak; place in an earthen vessel, with sufficient cold water to cover it; add some lump-sugar, and let it stand for four hours. Strain through muslin. Two or three ounces of the juice may be given in twenty-four hours to a child from five to eight or ten months.

*Beef Tea* is made by cutting one pound of the best rump-steak into small pieces, and soaking it for one hour in one pint of cold water. It is then placed in a saucepan on a water-bath and allowed to stew for three or four hours. At the end of this



time the quantity is made up to one pint and strained to remove fat.

*Raw-Meat Pulp.*—This is prepared by scraping the best rump-steak with a knife. It may be given to children ten or twelve months old, the juice being more suitable for younger children. It may also be spread between thin slices of bread and eaten that way.



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