

show as remarkable a susceptibility. Thus, opium, it is well known, acts upon a child more powerfully than would be expected, judging from the mere difference of age. It should therefore be given to infants with a certain caution, especially if the child be enfeebled by disease. It is, however, a medicine which is of especial value in the treatment of the diseases of infancy, and may be given without fear if care be taken not to repeat the dose too frequently. Belladonna, on the contrary, can be taken by children in large quantities. A child of two or three years will bear without inconvenience a dose which in an adult might produce very uncomfortable symptoms. It is important to remember this in giving belladonna for its sedative effects, as in whooping-cough. Lobelia, again, is a remedy which is very well borne by children. Dr. Ringer has given it to "very young children" in doses of five minims every hour, and in no case has he noticed any ill effects to follow its administration. Arsenic should be given to children over five years of age in the same dose as that used for adults, and infants a month or two old will take one drop of Fowler's solution three times a day with great benefit in cases of gastric catarrh. The influence of mercury upon young children deserves remark. It seldom in them produces stomatitis or salivation; but an excess of the drug is not therefore harmless: its influence is seen in the irritation of the alimentary canal which it so often excites, and in the profound anæmia which it induces.—*Boston Journal of Chemistry.*

ON THE TREATMENT OF ENLARGED SCROFULOUS GLANDS.

By J. LEWIS SMITH, M.D.

(*Treatise on the Diseases of Infancy and Childhood*, 2nd edition, London and Philadelphia, 1872.)

"It is the common practice," Dr. Smith writes, "to treat these glands, if they are subcutaneous, by daily application over them of the officinal tincture, the compound tincture, or the compound ointment of iodine. It is my opinion, from observing the effects of these agents, that they are too irritating for ordinary cases. Applied daily, they cause proliferation of the cells of the epidermis, so that in two or three days the thickening of the cuticle is greatly increased, and its external layer begins to exfoliate. It has appeared to me that what we observe in the epidermis illustrates, to a certain extent, what occurs in the gland underneath, as a result of active counter-irritation. The gland does not resolve, its superfluous cells are not destroyed and absorbed, as was desired, but the treatment tends rather to increase the proliferation of the cells of the gland or the formation in it of true leucocytes. We have seen that a local cutaneous inflammation, as *eczema* or *impetigo*, is apt to cause the neighboring lymphatic glands to enlarge. How, therefore, can we expect to reduce a glandular swelling made by a mode of treatment which establishes a similar condition? 1. once produced, partly by accident,

such an amount of vesication over an enlarged, hard, and apparently somewhat indolent gland, in an infant of fourteen months, that for a week I was very anxious lest a sore would result, which would heal with difficulty, or leave a permanent cicatrix, and yet, instead of dispersion of the glandular swelling, the pathological processes were so promoted that suppuration and discharge of pus occurred by the time that the cuticle had re-formed. If hyperplasia of the lymphatic gland could be cured by counter-irritation, it should have been in this case.

"The correct mode of treating these glands, therefore, as regards external measures, I hold to be, to apply the iodine preparations in such a manner that the largest amount of iodine will reach the glands by absorption, with little irritation of the skin. I am not prepared to state what is the best formula for the application of this agent. During the last few months we have been attempting to determine this in the children's class at the Out-door Department at Bellevue, but our statistics of cases are not at present sufficiently complete or numerous to enable me to make a positive statement. I feel justified, however, from the observations already made, in recommending the following formulæ as preferable to the officinal preparations which are commonly employed; R. Potas. iodidi, ʒj; ungu. stramonii, ʒj; misc; to be rubbed over the gland several times daily. It should not be applied as a plaster, as it is too irritating and will vesicate. I have known a glandular swelling, which had continued about three months, to disappear in as many weeks under its use in connection with internal remedies. Glycerine may be employed in place of stramonium ointment."

DIARRHŒA IN TEETHING.

By FRANCIS MINOT, M.D.

(*Boston Medical and Surgical Journal*, January 2.)

In a clinical lecture "On the Primary Dentition of Children," by Dr. Minot, in speaking of the diarrhœa complicating teething during hot weather, he recommends the common chalk mixture, with the addition of one-fourth part of tincture of kino, which increases its astringency, and also keeps it from turning sour in hot weather. If the diarrhœa be not checked by this mixture, one drop of laudanum may be added to a dose, but not oftener than three times a day, in children under two years old. Diarrhœa is most apt to attack children who are brought up on the bottle; hence, if the case be urgent, and do not yield to treatment, a wet-nurse should be procured if possible. When this cannot be done, he would strongly recommend the method of preparing the milk with arrowroot and gelatine, found in the treatise on "Diseases of Children," by Drs. Meigs and Pepper. Brandy is very useful to a teething child exhausted by diarrhœa, which should be given once in three or four hours, or oftener in urgent cases. The doses is ordinarily from five to twenty-five drops, given in milk; but if there be much prostration, the physician need not fear to increase the amount.