who wants her infant sweet and clean, and attired in all the paraphernalia of its wardrobe immediately after birth, so that it may be shown to the interested friends of the family.

This being an inevitable fact, it remains for us to devise some method of washing infants with the least exposure to cold, and for this reason, I have for some time suggested the following plan of treatment:

When there exists a large amount of sebaceous matter, ordinary soap and water will not remove it, so in these cases I direct the child to be previously anointed with pure hog's lard, this being the best solvent of the white sebum.

Then the child is quickly returned to the temperature from which it originally came by immersing it, to its neck, in a tub of water, the temperature of which is 103° Fahrenheit, or thereabouts.

Then the child, supported on the arm of the nurse, is with her other hand, or by the aid of an assistant, washed underneath the surface of the water, using only a soft linen rag or old handkerchief, the hem of which has been removed, and the best Castile soap.

Although not absolutely necessary, it is better, if possible, to have a second tub of water, equal in temperature to the first, in which the child may be rinsed.

This being accomplished, which should not have occupied more than five or six minutes, the child is quickly placed in a warmed absorbing blanket, and with the hand on the outside of the garment thoroughly but gently rubbed.

Afterwards the baby should be removed and rolled in a second warm and dry blanket, and allowed to remain a couple of hours, after which it may be dressed in garments suitable for comfort and protection.

I have never seen an infant, who has been treated in this manner, contract catarrhal troubles from an early bath, or have aught but healthy looking skins.

Greater care should be employed with children of unhealthy parentage, not only in the manner of bathing, but also other hygienic surroundings, and I firmly believe we can, by a little judicious early management, prevent a large per cent. of infant mortality.

ECZEMA INFANTILE.

Read before the Section of Diseases of Children, at the forty-third annual meeting of the American Medical Association, held at Detroit, Mich., June, 1892.

BY B. MERRILL RICKETTS, M.D.,
OF CINCINNATI, O.

I believe that the subject "Eczema Infantile" will be of greater interest to this Section than any of the cutaneous diseases met during the first five years of childhood. It is a very common disease and one for which the general practitioner is frequently consulted. Not, however, until many of the numerous household remedies have proven themselves of no avail.

I do not care, on this occasion, to discuss the pathology or the cause from a bacteriological standpoint. Neither do I care to report any special case or class of cases; only to speak of the eczema of childhood and its treatment, that we may discuss the management which has been the simplest, most easily applied with the best results thus far obtained by the author. There is not any skin disease that is

so aggravating to childhood. There are none more unsightly. Usually both the head and face are involved. There are a few, where the disease is pretty generally distributed over the entire body and extremities.

When this is so, the child presents a most pitiful spectacle. The itching and discomfort occasioned by this condition are very aggravating and are sometimes accompanied by the most severe convulsive movements. There is nothing that appeals to a man's sympathy so much as one of these unfortunate conditions. I have seen those in charge of these unfortunate children, utterly oblivious to the suffering that the child endures.

The causes seem many, but to my mind there is none so common as that of the excessive use of soap and water.

My experience has been that about 95 per cent. of these cases are due to this cause. The disease is not a respecter of persons, as it attacks the high and the low, the rich and the poor, and above all, the white skin races. The number of cases of this disease found among the dark skin races is proportionately very small. This perhaps, may be accounted for from the simple reason that the white skin is more delicate and easily soiled; hence the use of numerous cosmetics, which are so useless and injurious, and which are so extensively used. A clean faced child is the pride of every mother. She is lavish in the use of anything that will keep her child's face clean, usually the remedy that will remove the dirt the quickest. She uses these remedies more frequently with the thin, delicate skin of the child, than she does on the skin of her own face. The sebaceous glands should not exist if this law of extreme cleanliness holds good.

Nature is not responsible for children being reared in dirty atmospheres. These glands are for a purpose, namely to keep the skin constantly anointed with a fluid which protects the epithelium from becoming dry and fissured. That portion of the body which constantly should be anointed, is the one which is necessarily exposed to the wind, the rain, rays of the sun and dusts of various character, namely: the face and hands, which are forever exposed.

As the slime protects the epithelial structures of fish and mollusks, so does the sebaceous matter protect the cuticle of man. Birds anoint their feathers that they may be kept soft and pliable. Animals covered with hair, are likewise anointed by these glands, even the hairs themselves being supplied by oily secretion. The skin of the Mexican dog is rough, scaly and disagreeable to the touch. Not so with that of the hairy canine; his is oily and being so, enables him to endure more exposures to either the sun or rain, than his tropical ally. If we would but reflect, the cause of the disease, as a rule, could easily be determined, because having once been determined, the remedy is soon to be found. Not until mothers receive a certain degree of education in sanitary matters, can we expect a lessening in the number of these cases. At times the cause seems to be due to some nervous condition, while at other times there is indication that it is wholly local. The vesicular form, which is the most common, especially in infants, is obstinate and very trying to both the mother and child. After the disease has manifested itself, the child will begin to be irritable, restless, have loss

of weight and a depressed appearance in general. It may have diarrhoea or it may be constipated, or they may alternate each other. The skin is reddened in places, resembling erysipelas, with a laceration here and there, showing where the nails of the child have been brought into requisition to relieve the intense itching. Crusts may extend over the face, head and shoulders or the entire body. The temperature is usually from one-half to a degree above normal. The hair is matted together with a pustule here and there over the affected area. There are many times deep and extensive fissures, especially about the ears, nose and lips, these of themselves causing much pain and discomfort.

If the hands are involved, it is usually the backs and between the fingers that the disease is most extensive. My experience has been that the disease is more frequent during the summer months. Having satisfied myself that the use of soap and water is the cause of this disease, at least in a very large proportion, I have for several years been treating it from this stand point.

The management that I have adopted is as follows: The mother is prohibited from applying water in any form, especially soap and water. A solution of olive oil and carbolic acid in the proportion of one to fifty is applied several times during the day to the affected areas, as often as the child seems to suffer from the itching. She is instructed to use the oil lavishly and to wash the child's skin with it as though it were water. This can be easily done, removing all of the dirt, leaving the skin perfectly clean, if a silk handkerchief or old linen fabric be used. The use of tea or coffee and all stimulants is forbidden. Also all kinds of food that should not be given to children at this age.

The child is allowed to be in the sun and enjoy the out-door exercise, even though its skin should become dirty. The olive oil and carbolic acid will prevent itching, so that the child will not lacerate the skin by scratching. In this way the injured parts are allowed to become healed, while the oil softens the crusts and keeps them from being reformed. $\frac{1}{10}$ grain of calomel is given every two hours; this I usually continue for one or two months, varying in frequency as occasion may require. If, after the third or fourth day, the child does not improve rapidly, I use salicylic acid in the form of an ointment, 10 grs. to the ounce. This is applied frequently to the diseased parts, and is I think, one of the most satisfactory applications that can be made. I believe that I have used about all of the preparations that have been mentioned for this disease, but I have found none that gives greater satisfaction.

Usually I do not see such patients more than three or four times, as the recovery will be as rapid without as with me, if the mother is faithful in carrying out all instructions. I do not know in what way the calomel acts; I give it whether there is constipation or diarrhoea. Sometimes there will be from eight to a dozen stools each day; I do not pay any attention to this condition of the bowels unless the discharges give mercurial indication. If they do, I then discontinue its use until the stools become less in frequency and when they are again indicated. I was formally led to believe that the disease was occasioned by some alimentary disturbance, but I do not now so believe it to be. I do not believe that the benefit derived from the mercury is due to its

action upon the alimentary tract. I do, however, to its action upon the system in general, perhaps in changing secretions which are acids to alkali. The serum exuded from these eczematous patches turns litmus paper red, at least this has been my experience. I think that the successful management of these cases rests in changing the secretion to neutral as I have had many cases make a rapid recovery by the administration of the calomel with the application of simple oil.

A NEW APPLIANCE FOR FRACTURED CLAVICLE.

Read before the Meeting of the National Association of Railway Surgeons, May 25, 1892.

BY JESSE HAWES, M.D.,
OF GREELEY, COL.

I present to you a new appliance to be used as a retentive apparatus in fracture of the clavicle.

Let me modestly state among my first assertions that the appliance probably is not the most valuable contribution that has been made to surgery in the past few years, but its efficiency, neatness, rapidity of application, comfort to the patient, and small cost to the surgeon, commends it in my judgment, formed after using it several years, as superior to any dressing generally known to the profession.

In my remarks I shall premise that a fracture of the clavicle has occurred, has been properly diagnosed, properly reduced, and that we seek the most perfect apparatus for retention.

This paper then will not be an essay upon one of the most frequent fractures of the body, it will not be a treatise upon the clavicle or scapula, or their muscular attachments. I accept the dictum of the majority of surgical writers that the object of a dressing should be to carry the shoulder joint upward and outward and backward.

Premising then that a correct diagnosis has been made, that we seek a dressing that can perform what surgeons have required, I shall ask you to look over with me some of the common appliances and methods, and note the objections that may justly be urged against them, and which in a great measure are obviated by the newer apparatus.

The objection to lying on the back is, that it is a most wearisome and tedious method to which no busy man or woman will submit if they have ever once heard of a method less confining.

Velpeau's dressing remains nicely in place—in a wood-cut only. True, men skilled in the use of silicate or gypsum, may make it a fairly stable and comfortable dressing, but the great majority of men who are called to dress fractures of the clavicle are not skilled in the use of silicate of sodium or gypsum. Ask any expert in the manipulation of plaster of Paris if my statement is not correct. Further, it cannot carry the shoulder upward and retain it there with the ease and comfort of the new dressing.

The objections to the figure of 8 bandage across the shoulders are, that it carries the shoulder backward only, not upward, not outward, that the sound shoulder, which is the point of fixation, is not fixed, but is decidedly mobile, that to be of value it must be taut—and if tight it is almost unendurable.

The shawl as proposed by Dr. Moore of Rochester, has nearly the same objections, and has an additional one that on account of the space occupied by