

though university coaches and modern examiners seem to think we could if we would. We have no right to expect to get twenty-horse power of work out of a ten-horse engine; or, to borrow an analogy from the kindred subject of electricity, we may overcome for a short time even a considerable electrical resistance by a given number of Leclanché cells, but if the work to be done be too near the limits of the potential of the battery—and, above all, if the work be too continuously exacted—the cells will strike, and polarisation reduce the potential to *nil*. Can we expect any less of the batteries of nerve force? Will they not also polarise if too continuously exercised—if the same group of cells be too persistently called upon—if they have not, like the Leclanché elements, their recreative intervals of rest? Nay, may we not with safety press the analogy even a little further? The electromotive force of a battery of twenty similar pairs is the same whether the cells be twenty test tubes with twenty fine zinc wires for the positive elements or twenty quart jars with twenty zinc rods an inch in diameter; but how much sooner polarisation will put a period to the activity of the former you well know. And is it not so with intellectual work? Do we not often get some of the finest work from men whose brain cells, so to speak, polarise quickly? And ought we to sacrifice that possible good and useful work which can in time be got out of such men for the sake of getting a large quantity of what must necessarily be inferior work in a shorter interval of time? And yet, as it seems to me, unless he is mentally hypermetropic, it is the medical man, and above all the family doctor, who ought to interfere to prevent this waste of health, whether from overwork at school or college, over worry in business, or harassing domestic cares. It is the family doctor who sees the beginnings of the evil. He has perhaps dandled on his knee the precocious boy who should be turned out to grass in some upland farm, instead of being sent in for the “Cambridge local.” He has signed, perhaps, the health certificate of the pupil teacher, and condemned her to the intellectual treadmill of the training school.

Again, are we not mentally hypermetropic when, in searching for the germs of disease in milk or water, those too frequent carriers of death, we neglect the badly fitted sink pipe, which though disconnected *secundum artem* from the trapped drain outside the house, has been for years pouring its filth outside the trap into the porous basement walls of the building? Are we not in such cases overlooking the “next-to-nothing” close at hand?

Or, again, with all our boasted advances in pathology, what do we yet know about the causes of a “common cold”? Do we not too often accept the old wife’s fable that our patient with croupous pneumonia “caught cold” on such a day, forgetting that the same etiological explanation suffices with the same elderly lady to account for the onset of measles, or of scarlet fever, or even of small-pox? We do not accept it as the chief factor in the causation of these exanthemata; do we well to content ourselves with it in the other? But are ordinary catarrhs sufficiently explained on the hypothesis of a chill? We see a coriza run through a whole family, with short intervals between the successive attacks. Are we to conclude that each “cold” was due to a separate chill, or is there a *materies morbi* in the case? Some persons and some families are specially prone to what we call in Yorkshire “influenza colds.” Does our mental hypermetropia compel us to overlook, because too near us, the insidious surroundings of such families?

The progress which followed the study of morbid anatomy was so tremendous that many of us have found difficulty in ridding ourselves of the idea—never actually taught us, however, but almost implied by the mode in which we were taught—that the anatomical appearances were the disease, not, as everyone will now admit, the consequences of the disease. We have been for years studying the causes of death; and not a few of us, knowing the impossibility of remedying the mechanical lesions found in the post-mortem room, were in danger of being landed in a pessimistic fatalism as to our art. When, however, we bring our mental vision to things nearer us, we find in the study, not of the causes of death, but of the causes of disease, an indefinite possibility of usefulness. How many of the acute attacks which appear in the bills of mortality are but acute exacerbations of chronic disease neglected, perhaps unnoticed, till incurable? How many men are at this day going about unconsciously suffering from albuminuria whose only complaint is that they feel rather less energy than of old, and who for this weakness prescribe for

themselves a more nourishing diet, an extra allowance of meat, and an extra glass of grog, and thus at the critical epoch put extra work upon the struggling tissues of the kidney. When such patients have piled on the last straw and “begin to be ill,” are we not apt to look upon them as subjects of acute Bright’s disease? But is it not in the earlier stages that the hope of medicine lies? It is the causes of disease, and not the causes of death, we can best combat.

Therefore, gentlemen, there is much for all—even those of us who do not dwell in Corinth—to do; and if in the conflict of theories two intersecting lights shall produce a darkness, still, even though the mental haze born of conflicting theories and apparently contradictory observations shall for a time obscure the intellectual horizon of medicine, the mist itself may have its compensating advantages if it compel us to turn our gaze on facts still nearer us and make us examine anew those beginnings of evil, those “next-to-nothings” all around us, which amongst them contain the “promise and potency” of almost every disease that human nature is prone to.

OBSERVATIONS ON THE USE OF GLYCERINE ENEMATA IN CHILDREN.

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DURING the past four months glycerine enemata have been used at the Evelina Hospital, to the exclusion of purgatives, for the treatment of constipation arising amongst the patients. A large number of children treated in hospital require a laxative, constipation being more or less marked—in some due, perhaps, to defective maternal training in that respect, in others to the sedentary existence consequent on hospital *régime*, or to a combination of both causes. At the Evelina Hospital children are not allowed to pass more than two days without an action of the bowels, and it may be understood, on perusing the ensuing table, that this custom was followed in every case. It is my intention to tabulate the results of 214 injections occurring in 63 children within the months of April to August of this year; and, in conclusion, to briefly analyse the table.

Results of 214 injections of Glycerine as observed in the Evelina Hospital.

Sex.	Age (in years).	Disease.	Quantity of glycerine used (in drachms).	Time taken to act (in minutes).	Motions.
M.	6	Osteotomy	1	45	1 natural
"	"	"	1½	10	1 solid
"	"	"	"	15	1 natural
F.	"	Pneumonia	1	30	"
M.	3	Knee excision	"	15	"
"	"	"	"	5	"
"	"	"	"	20	"
"	"	"	"	10	"
"	"	"	"	5	"
"	9	"	"	10	"
"	"	Lymphangitis	"	10	"
F.	6	Knee excision	"	20	1 solid
"	"	"	"	0	1 natural
"	"	"	1½	5	"
"	7	Abscess of antrum	1	0	0
"	"	"	1½	5	1 natural
"	11	Spinal	1	220	"
"	"	"	1½	5	1 slight (loose)
"	"	"	"	5	1 natural
"	"	"	"	195	1 solid
"	"	"	2	125	"
"	"	"	1½	15	"
M.	2½	Elbow excision	1	5	1 natural
"	"	"	"	0	"
"	"	"	"	5	"
F.	7	Pleurisy	1½	5	"
"	"	"	1	2	"
"	"	"	"	5	"
"	"	"	"	2	"
"	"	"	"	5	"
"	"	"	"	2	1 loose

Sex.	Age (in years).	Disease.	Quantity of glycerine used (in drachms).	Time taken to act (in minutes).	Motions.	Sex.	Age (in years).	Disease.	Quantity of glycerine used (in drachms).	Time taken to act (in minutes).	Motions.
F.	7	Pleurisy	1	2	1 natural	F.	11	Osteotomy	1	25	1 natural (slight), 0
M.	10	Hip excision	1½	2	"	"	"	"	"	0	0
F.	2	Spinal Meningitis	1	5	"	"	"	"	"	30	1 natural
M.	7	Pneumonia	"	0	0	"	"	"	"	10	"
"	"	"	"	10	1 natural	"	"	"	"	6	1 loose
"	"	"	"	2	1 loose	"	"	"	"	3	1 natural
F.	9	Empyema	"	2	"	"	"	"	"	10	"
"	"	"	"	1	1 natural	"	"	"	"	660	"
"	"	"	"	5	"	"	"	"	"	15	"
M.	4	Cleft palate	1½	15	1 solid	"	"	"	"	15	"
"	"	Empyema	1	10	"	"	"	"	"	20	1 loose
"	"	"	"	5	"	"	"	"	"	10	1 natural
"	"	"	"	5	1 natural	"	"	"	"	0	"
"	"	"	"	5	"	"	"	"	"	0	"
"	"	"	"	5	"	"	"	"	"	0	"
"	5	Osteotomy	"	2	1 loose	"	"	"	"	0	Returned
F.	1½	Caseous ostitis of toe	"	5	1 natural	"	"	"	"	15	1 natural
"	8	Facial erysipelas	"	2	"	"	"	"	"	0	0
"	9	Chorea	"	15	1 loose	"	"	"	"	16	1 natural
"	"	"	"	3	1 natural	"	"	"	1½	5	1 solid
"	"	"	1½	75	1 loose	"	4	H. C. bronch.-pneum.	1	5	1 natural
"	"	"	"	15	"	"	"	"	"	5	"
M.	6	Knee excision	"	5	1 solid	"	"	"	"	5	"
"	"	"	"	10	1 natural	"	"	"	"	5	"
"	"	"	"	5	"	M.	"	Struma	"	10	"
"	"	"	"	5	"	"	"	"	"	15	"
"	"	"	1	5	"	"	"	"	"	45	"
"	1	Bowed tibiae (rickets)	"	5	1 loose	"	"	"	"	15	"
"	"	"	"	2	1 natural	"	"	"	"	15	"
"	"	"	"	2	"	"	"	"	"	5	"
"	3	Phthisis	"	5	1 loose	"	"	"	"	20	"
"	"	"	"	5	"	"	"	"	"	5	"
"	"	"	"	5	"	"	"	"	"	5	"
"	"	"	"	5	"	"	"	"	"	5	"
"	10	Abscesses of hip	1½	10	1 natural	F.	3	Spinal caries	"	14	"
"	"	"	2	15	1 solid	"	"	"	"	75	"
F.	4	Rickets	1	5	1 natural	"	"	"	"	75	"
"	7	Knee excision	2	255	1 loose	"	"	"	"	30	"
"	"	"	"	10	1 natural	"	"	"	"	30	"
M.	10	Talipes	"	5	"	"	"	"	"	10	"
F.	7	Knee excision	1½	10	"	M.	6½	Phthisis	"	10	"
"	"	"	2	5	"	"	"	"	"	10	"
"	"	"	1½	10	1 solid	F.	4	H. C. bronch.-pneum.	"	5	"
"	"	"	"	25	1 natural	"	5	Double osteotomy	"	10	"
"	"	"	"	0	0	"	"	"	"	5	"
"	5	"	3	15	1 loose	"	"	"	"	5	"
"	"	"	1½	5	1 natural	"	"	"	"	20	"
"	"	"	1	5	"	"	"	"	"	35	"
M.	6	{ Tubercular ostitis of toe and wrist }	1½	5	"	"	1½	Struma	"	120	"
"	"	"	1	5	"	"	"	"	"	15	1 loose
"	5	Ankle (pulpy)	1½	10	"	"	"	"	"	60	1 natural
F.	7	Hip (pulpy)	"	5	"	M.	5	Hip excision	"	30	1 loose
"	"	"	"	10	"	"	"	"	"	30	1 natural
"	"	"	"	0	1 loose	"	"	"	"	10	"
"	"	"	"	3	1 natural	"	"	"	"	10	2 loose
M.	4	Osteotomy	1	5	"	"	3	Pulpy hip	"	15	1 natural
"	"	"	1½	5	"	"	"	"	"	15	"
"	"	"	1	15	"	"	"	"	"	15	1 loose
"	"	"	"	15	"	"	"	"	"	15	1 natural
"	"	"	1½	15	"	"	"	"	"	30	"
"	"	"	1	5	"	"	"	"	"	30	"
"	3	Fractured femur	"	115	"	"	8	Knee excision	"	10	"
"	"	"	"	5	"	"	"	"	"	5	"
"	"	"	"	90	1 solid	"	"	"	"	5	"
F.	8	Infantile paralysis	1½	30	1 solid (slight)	F.	1½	Pulpy knee	"	20	"
"	"	"	"	10	1 slight (scybala)	M.	10	Typhoid	"	5	"
"	"	"	"	5	"	"	"	"	"	20	1 scybala
"	"	"	2	15	1 solid	"	"	"	"	15	"
"	"	"	1½	5	1 slight (scybala)	F.	6½	Cleft palate	"	15	1 natural
"	"	"	"	15	"	"	"	"	"	30	"
"	11	Spinal caries	"	5	1 solid	"	"	"	"	20	1 loose
"	"	"	3	0	{ Rep. with no effect (castor- oil given) 1 natural	"	"	"	"	15	1 natural (slight)
"	"	Tubercular peritonitis	1	1	"	"	3	{ Tubercular meningitis Empyema Struma }	"	5	1 loose
"	"	"	1½	2	"	M.	"	"	"	15	1 natural
"	"	"	1	2	"	"	"	"	"	15	"
"	"	"	1	2	"	"	"	"	"	25	"
"	"	"	"	15	"	"	"	"	"	5	"
"	"	"	1½	5	"	"	"	"	"	15	"
"	"	"	"	5	1 natural (slight)	"	"	"	"	10	1 solid
M.	10	Chorea	"	3	1 natural	F.	13	Pleurisy	"	15	1 natural
"	"	"	"	0	"	"	"	Amputation of leg	"	5	"
"	"	"	1	2	"	"	"	"	"	10	"
"	"	"	1½	3	"	"	"	"	"	5	"
"	"	"	1	2	"	"	"	"	"	"	"
"	"	"	1½	2	"	"	"	"	"	"	"
F.	5	Osteotomy	"	3	"	"	"	"	"	"	"
"	9	Pulpy hip	"	3	1 natural (slight)	"	"	"	"	"	"
"	13	Lymphoma	1	15	1 loose	"	"	"	"	"	"
"	"	"	"	25	1 natural	"	"	"	"	"	"
"	"	"	"	15	"	"	"	"	"	"	"
"	"	"	"	5	"	"	"	"	"	"	"
M.	9	Pulpy elbow	"	20	"	"	"	"	"	"	"
"	"	"	"	0	0	"	"	"	"	"	"
"	"	"	"	15	1 loose	"	"	"	"	"	"
F.	11	Osteotomy	"	0	0	"	"	"	"	"	"

It is seen from the foregoing statement that an action of the bowels followed in five minutes or under in ninety-five instances, in ninety in thirty minutes or less, and in four the time was not recorded. Fifteen injections failed to relieve within the above-mentioned times, and intervals varying between thirty-five minutes and eleven hours were noticed in these. If one analyses the fifteen instances in which more than thirty minutes elapsed before any action of the bowels took place, it will be noticed

that they occurred in ten children, of which the most marked as regards the length of time elapsing are the cases of two special patients. It is worthy of note that five of the ten cases were suffering from tubercular disease in some form or another. Three were osteotomies, and in consequence restrained from movements; one was a fractured femur treated in a double Bryant's splint; and, lastly, a case of chorea, in which, as is often the case, constipation was marked. Seven of the ten children were females.

Coming to the failures, it is found that an osteotomy (in a female) was accountable for a want of success on three occasions and a return of the injection, but in this child the injections were attended with success on eighteen different occasions, the bowels being relieved with one exception within the half-hour. In a case of tubercular disease of the spine the first glycerine enema acted efficiently, an evacuation of the bowels occurring in five minutes; but a dose of three drachms failed later on, and a repetition gave no relief. This also was a female child. A knee excision (in a female) shows one failure and three successes, the average time the injections took to act being thirteen minutes. In the case of a child suffering from meningitis the enema was returned, and not repeated. In a child with pulpy elbow there was one failure and two successful injections. A case of suppuration of the antrum is responsible for one failure and one success. Five of these children were females, and one was a male. In all of the failures it will be noted that the bowels were capable of responding to glycerine stimulation at one time or another, and in no case was there complete failure.

As regards the quantity of glycerine used for an enema, one drachm was given to 156 cases, a drachm and a half to forty-eight, two drachms to seven, and on two occasions three drachms were injected. In 154 instances the injections were followed by normal motions, in twenty-six the motions were loose, in eighteen they were of more than natural consistency, in six the enemata were followed by scybala, and in ten (as seen above) they were either returned or failed to act. In no instance were the enemata attended by unpleasant symptoms, either locally or constitutionally.

If we consider the purgatives most generally used for the treatment of constipation in children, we find that with castor oil they are very frequently sick on or after its administration, and it has to be repeated. Confection of senna, too, is very unsatisfactory, although children take it readily enough; and I have known many little patients cry with pain for several hours after its administration. Cascara sagrada also, in addition to its unpleasant taste, is attended with painful bowel contraction, and the bigger children require gradually increasing doses.

It is not my intention, nor within the scope of this paper, to run through and disparage the whole array of laxatives and mild purgatives used in such cases. For many reasons they are not satisfactory to my mind, but I content myself with taking exception to the commoner varieties. Reviewing the results obtained, and comparing them with the purgatives enumerated and others that are occasionally used, I am very favourably impressed with glycerine enemata, which are easy of application, unattended with the slightest pain or discomfort, quick and natural in action, and the failures are but few. For these reasons I think they can be relied upon, in most instances, for the relief of constipation arising in children.

Southwark.

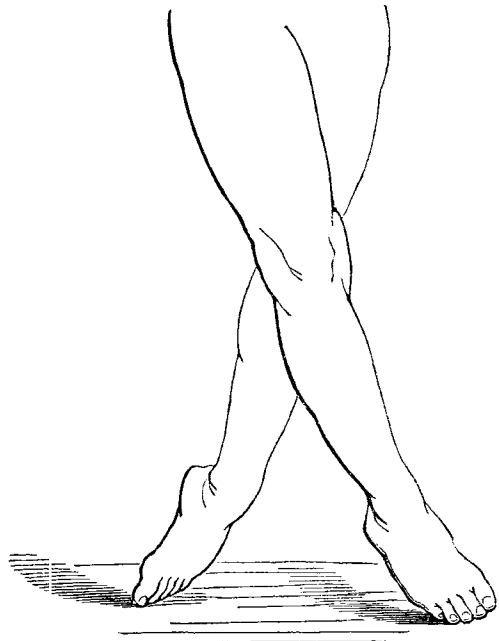
CASE OF INFANTILE SPASTIC PARALYSIS.

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THE details of the following case, which has been under my care in the Sussex County Hospital, are of sufficient interest, I think, to warrant them being placed on record.

T. F.—is four years and eleven months old. His mother has had ten pregnancies. The first seven resulted in the births of living healthy children; the fourth and fifth children being, however delivered instrumentally. The eighth pregnancy resulted in stillborn twin boys, the ninth (during which there is a history of a severe fright) in the patient, and the tenth in a miscarriage. We have thus evidence of a

progressive failure in the reproductive power. There is a remote history of fits on the mother's side; nothing notable on the father's. The patient was born at full term, naturally, head first. There have been no convulsions or fits. At about eighteen months the mother began to wonder that the child did not sit up, and soon afterwards that he made no attempt at standing. She noticed that his legs were stiff and small. He began to talk somewhat late, but can talk fairly now. His memory is remarkably good. The child is healthy looking, of an emotional nature, easily laughing or crying. He lies indifferently on his back or side, and there is no lordosis as he is lying. The thighs are for the most part flexed on the abdomen, slightly rotated inwards, the knees in contact, legs apart, heels separated three or four inches, and great toes crossed. The feet are in the equino-varus position. The arms are kept bent at the elbow to nearly a right angle; pronation predominates. The hands are slightly bent to the ulnar border. The flexors of both thighs are tense, the hamstring tendons standing out; the gastrocnemii are hard, as if firmly contracted. In both arms the biceps are firmly contracted. The muscles of the face all seem to work freely and equally. The movements of the eyes are free in all directions, but occasionally the child squints. On handling the affected muscles, they frequently pass into a state of stronger contraction, but if his attention is otherwise attracted, and he is used to the presence of the manipulator, this does not invariably happen. On attempting voluntary movement the spasm is always aggravated. The patient cannot sit up alone, the



muscles of the back seeming very weak. He can make no real attempt at standing. On supporting him well under the axillæ, so that the feet come to the ground, and requesting him to walk, the feet are at once thrown into a very marked condition of talipes equino-varus, as is shown in the engraving. The toes are dragged up behind the calf of the leg, seeming to scrape up it, then escape over the leg and come down into a position in which the legs are crossed as much as they possibly can be—alternate cross-legged progression. The arms cannot be moved with perfect control, for on attempting any coördinated movements spasms are set up. The elbow is adducted, the arm flexed, and the wrist and fingers hyper-extended. Movements, however, never seem to occur without volition, as in athetosis. The plantar, abdominal, and epigastric reflexes are well marked on both sides. The cremasteric and scapular cannot be obtained. (N.B.—The right testicle is in the groin, and the left apparently not fully developed.) Foot clonus absent; front tap contraction well marked. Knee jerks exaggerated. Deep reflexes in upper extremities all well marked. The pupil is somewhat dilated and reacts to light. Faradaic contraction is well marked in all the affected muscles, and in those which oppose them. Sensation apparently not defective. Soon after his admission into the hospital I was informed that he had two large bruises on the back; about these I could elicit no history, but on observation they were seen to be symmetrically situated on the most prominent parts of the sacrum—in fact, on those spots