

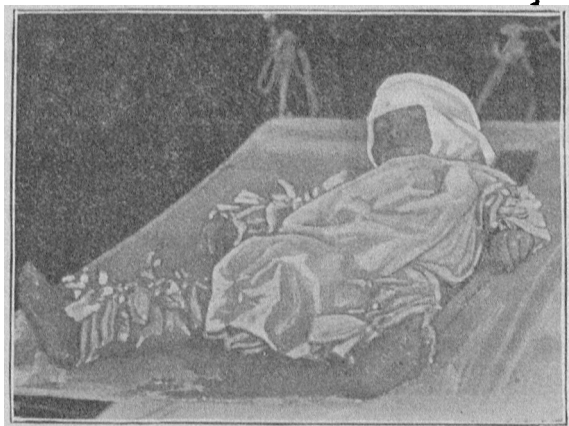
ple in the extreme, as shall cause you, if ever called upon to deal with a case of rape, to do at the same time justice to the victim and, none the less, justice to the accused. The manner in which such an apparently simple subject leads one through the domains of law, of psychology and of medicine, with their allied branches, is but another proof of the fact we are having impressed upon us every day — the profession we have chosen and which we love is one that, while it renders the task difficult by occupying our time in other and important ways, demands of each none the less imperatively a continual research in every direction, that we may fit ourselves thoroughly for the solemn duties of our lives. And herein lies the charm; work as we will, study as we will, the field is still broad, and never can we say, even if our time is devoted to a special branch alone, we are masters of every detail.

### Clinical Department.

#### A MECHANICAL TREATMENT OF ECZEMA IN YOUNG CHILDREN.

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AUTHORITIES in dermatology will doubtless agree that the application of ointments and pastes is only the beginning of the treatment of eczema. Whatever the type or distribution of the disease, after a wise choice of medicaments comes the greatest difficulty, the prevention of scratching. No matter how carefully the hands and feet may be tied, the child will occasionally get free. The greatest danger is at night when constant watching is not practicable. Tight bands at the wrists and ankles are objectionable, and



they must be tight to hold the child. Let a child feel that he is held so that he cannot move, and a desperate resistance at once begins which will usually end in an aggravation of the disease. In spite of obvious defects, the "pillow-case method" has been considered the best up to the present time. The child is put into a pillow-case and the open end is gathered about his neck. The legs are abducted and sewed in by means of seams on each side, close to the legs. The arms are placed a little way from the body and treated in the same way. The edges of the pillow-case are then pinned to the mattress of the bed. The arms and legs of the child are thus allowed a certain amount of

harmless motion, but he must lie flat on the bed and the back is sure to perspire in hot weather. In this method, also, the head is free and the child may rub his ears on the pillow. It is a matter of common observation that eczema of the ears is hard to cure, and this is largely because the child harrows up the skin by rubbing on the pillows at night.

The original suggestion for a new treatment, which I will call the hammock method, was made by one of the Sisters in charge of the wards at the Children's Hospital. Take a stout piece of duck a little longer than the child, and about two-thirds of a yard wide; turn up an inch at each end, and stitch it down for the admission of a straight piece of iron as wide as the cloth, and stout enough to support the weight of the child. These iron rods are the spreaders, and should have a ring at each end for cords, which are pulled tight and fastened to the posts at the head and foot of the bed. We now have a duck hammock stretched tightly over the bed, with a good air-space between it and the mattress. Four many-tailed bandages long enough to include the whole arm or leg are sewed to the hammock in the lines which would be taken by the arms and legs when slightly abducted. The child is placed upon his back on the hammock, ointments are applied on soft cloths, and the arms and legs secured by smoothly tying the many tails. In the canvas on each side of the head a square window is cut, leaving the head supported by a strip perhaps four inches wide. A turn of bandage over the forehead and under this narrow strip prevents the head from being raised. The head can be turned from side to side with considerable freedom, but if the windows in the hammock have been properly placed, the ear finds nothing to rub against and will remain uninjured no matter how violent the twisting of the neck. To complete the apparatus, a small bell is tied to the side of the hammock, so that any unusual struggle for freedom will attract the attention of the nurse.

A sufficient trial of this apparatus has been made at the Children's Hospital to warrant the claim of the following advantages:

- (1) Comfort. There are no tight bands, the many tails giving firm but uniform pressure throughout the length of the limb. No part is overheated. The child does not feel restraint, because a good deal of harmless motion is allowed by the play of the hammock.
- (2) The danger of scratching is reduced to a minimum, and the ears are especially protected.
- (3) Applications are easily made and changed.
- (4) Simplicity and cheapness of construction.

### Medical Progress.

#### REPORT ON DISEASES IN CHILDREN.

BY T. M. ROTCH, M.D., AND A. H. WENTWORTH, M.D.

##### GASTRO-INTESTINAL SEPSIS.<sup>1</sup>

THE works of Widerhofer, Parrot, Epstein, von Hofsten and others have established the fact that the varieties of acute enteritis occurring in the nursing infant, differ when observed in hospitals and in private practice.

<sup>1</sup> H. Fischl: *Jahrb für Kinderheilk*, 1894, xxxvii, p. 288; abstracted in *Revue Mens. des Maladies de l'Enfance*, November, 1894, tome xii.