INTRODUCTORY LECTURE

ON THE

DISEASES OF CHILDREN.

DELIVERED IN THE

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GENTLEMEN,—I feel very happy in addressing on this occasion so respectable an assembly. I must beg, above all, your indulgence in judging of my performance of this task, as there will be considerable imperfection of language in it, and perhaps a very limited scientific accomplishmemt.

I have to deliver a course of lectures on diseases of children in this school, and feel very much honoured by this mark of confidence on the side of the learned teachers attached to this institution, and shall try to answer your flattering expectation as well as I can, with truthful accounts of what I have seen and experienced in the arduous department of children's ailments. Allow me, only in the first instance, to premise some few hints about the history and the present state of this science.

Children's diseases have long been neglected, and it would be but a loss of time, should I quote what Hippocrates, Galen, Oribasius, and Paul of Ægina;—what during the long period of barbarism, Rhazes, Avicenna and other Arabs, and subsequent mediœval Christian authors, contain about children's diseases. Excepting some eruptions on the skin, glandular affections, hydrocephalus, convulsions, and a few other chronic maladies, there is very little mention of this department of medical practice. Even in times near to ours, great physicians, as Boerhaave and Stoll, knew very little about children's diseases. Let us, therefore, pass at once to the present century, and mention before all, some German physicians, the first who wrote valuable systematical works on this subject, as Drs. Jörg, Henke, Wendt, Goelis, and some others of that nation.

But if we compare that stage of science with the present, we cannot fail to witness a progress much more important proceeding from French physicians and children's hospitals, commencing with Billard, about twenty years ago, and successfully prosecuted by Bretonneau, Trousseau, Baudelocque, Blache, and some others. The large systematic work of Drs. Barthez and Rilliet (attached to Parisian children's hospitals) is the most important on this subject in modern times. Besides this there are a great many other treatises on children's diseases, more or less special; among these, one of the most remarkable is that of Dr. Mauthner (founder of one of the Vienna children's hospitals) on the diseases of the brain and spinal marrow of children. Great Britain has afforded also some valuable contributions. I will mention Underwood's treatise, that of Drs. Evanson and Maunsell, Dr. West's (of London) "Lectures on Diseases of Infancy and Childhood," full of valuable information, and lastly, Dr. Churchill's (of the Dublin University) very excellent systematical works on that subject. There are also some publications of mine, the last edited of which, (my "Institutions on Diseases of Children,") exists at present only in the Hungarian language.

The most important advances latterly made in this branch of medicine, are of a trustworthy stamp, being founded upon the close observations of thousands of hospital cases, and on an adequate number of pathological dissections.

As children's hospitals form a new and fruitful epoch in the history of medicine, as it is possible that the philanthropic spirit of this country may also take the same direction, and that after the shortly-expected realization of a children's hospital in London, perhaps some of my present attendants could or might one day co-operate in a similar task, allow me to express my opinion on it.

The number of children's hospitals, limited to only two until 1838, one of which was at Paris, the other at Petersburgh, is since that time rapidly increasing on the Continent. There are now three in Vienna, one in Pesth, one at Prague, one in Berlin, one at Frankfort, and in other towns. We observe, that at first were erected nurseries or asylums for poor children, then come soon after them hospitals as naturally connected with the former. I understand by children's hospitals, only those institutions where children are received into the beds, and where the whole organization and accommodation of the locality and of the attendance, is according to the peculiarities of the nature of infants and children, and of their diseases. The most important point is to take infants from one week old and upwards into the hospital; after the tenth year there is much less reason to keep a patient in a special hospital. But then it is an essential consequence, in the instance of such children as are less than three years old, to take into the hospital along with them their mothers or nurses. This is advantageous both for treatment and scientific progress in this department, and I am sorry to say that in this respect, many of the existing children's hospitals are still very imperfect.

That of Pesth was the first founded on that principle, in 1839, by myself with the assistance of my friends; and the number of mothers and nurses whom we kept in the establishment, reached in 1849, above five hundred, besides thousands of little patients. I have been satisfied that everywhere the foundation of a children's hospital met with a general sympathy. That of Pesth, rapidly increasing by manifold supports, got a new building specially erected for that purpose in 1845; the goverment following the line of public opinion made of it a clinic and a professorship united with the University, and in 1847 it was decreed, that every student in medicine, in order to get his diploma for practice, should produce a certificate from the children's clinic,

witnessing his attention to this branch of medical instruction. In this particular, the University of Pesth preceded that of Vienna. The foundation of children's hospitals, I am sure, is one of the necessary results of that spirit of inquiry into the state of society, and of increasing philanthropy—both honourable characteristics of this century.

Could I confide in my language, I would endeavour to bring before you a lively picture of the desolate state of the children of poor people, resulting from wretchedness and ignorance. I had under my care more than 15,000 of poor peoples' children, and certainly as many of wealthier families in my private practice. What a melancholy disproportion of state! Improper clothing and nourishment, damp cold foul air and want of light, little care and plenty of prejudices, cause an appalling mortality among the children of the poor.

The figures of proportional mortality seem to be for Pesth the following:—In the *two first years* of life, about 35 per cent. of poor peoples' children die; and hardly 18 in the same time of those belonging to wealthier classes. This disproportion, serious enough, is still greater in the large towns of France and of England. This disproportion of mortality is quite according to the laws of nature, as a tender infant must die, if the essential conditions of the life and development of this delicate organism are not fulfilled; but certainly this is not the intention of the Creator. Then, if you look at these poor little wretches in their state of malady and neglect, covered with dirt and with all sorts of ugly affections on their skin—infants in age, old men in their wrinkled and collapsed face—an appearance enough to revolt human feelings, you must acknowledge that the actual state of society, so much praised, is still very imperfect.

I suppose I am not misunderstood. I am far from saying that children's hospitals are the general and radical remedy against the melancholy conditions alluded to. There are necessities for the moral and physical state of the lower classes, which belong not to me to speak about. But generations may elapse before pauperism and ignorance may be removed, whilst children's hospitals afford a beneficial palliative for a good length of time. They preserve a great many lives of the most neglected children, that is one fact; then, they have been and are the most fruitful ground for the improvement of medical knowledge in this most extensive and delicate branch of practice. I could add, that pathological anatomy of children, the most valuable source of light in their maladies, cannot be duly practised without children's hospitals. And, lastly, they afford the largest opportunity to diffuse instruction and good principles for the physical education of children among poor mothers and nurses, full of prejudices.

Concerning the progress latterly made in this branch of medicine, there is some of a very positive character about the nature of some important diseases of children, such as meningitis, hydrocephalus, all pulmonary affections, typhus, and some others. Thus a positive progress consists in the improvement of objective symptomatology, or what we call the physical examination of the child. Not only its general complexion, or the state of its single parts and organs, *is* now more closely, and *can* be more successfully examined; but there is scarcely a movement, and not one line, imprinted on, or slighty passing over the sick child's face, which is not carefully considered in its diagnostic signification. Let me adduce as an example, that furrow which we call the *oculo-zygomatic line*, commencing at the internal angle of the eye, and extending towards the upper part of the cheek, almost always connected with a collapsed face. This line, if much expressed in an acute case, and if recent and profuse diarrhœa is not present, signifies nearly constantly an affection of the brain. The cry of children decomposed in its two respiratory acts, which we term the *outcry* and the *backdraught* became also the subject of an exact inquiry, at first by Eusébe de Salles and Billard, afterwards continued by some other physicians. But the most splendid progress in children's diagnosis is realized by the application of auscultation and percussion of the chest in children's practice. A practitioner well informed in this sort of examination, will be able to point out with nearly mathematical certitude the seat, the species, and the degree of any affection of the bronchi, of the lungs, of the heart, and the connected parts. And as in febrile affections of little children, there is frequently much obscurity about the seat of the prevalent local affection, as for example, whether it be the brain or the lungs, it becomes clear, that in becoming enlightened upon the state of the lungs, we are enabled to make a conclusion about the state of the brain, and consequently this kind of examination affords us a basis—a good directory in the diagnosis of at least the half, in number, of acute and febrile affections of children. Therefore I shall insist in particular upon that point, and practise auscultation and percussion on sick children brought to us in the course of my lectures.

In conclusion we can say, that by all these improved means of objective and physical examination, the speechless child by-and-by becomes the book of nature, legible to a certain extent by the well informed practitioner.

I cannot say as much as this in favour of the treatment. There are improvements also in this part, it is true: the progress in pathology and in diagnosis, could not fail to advance the therapeutics. We have also obtained some better information about the action and the method of applying usefully *high doses of iodide of potassium*, in *certain* species of dyscrasy, and not as it has been stated, in general in the large and vague department of scrofula. *Cod-liver oil* is already demonstrable to be the sovereign remedy of all sorts of atrophy or deficient vegetation, and this is an indication important enough, (we must not pretend too much for one remedy); thus I have, myself, succeeded in proving, by hundreds of facts, in the children's hospitals of Pesth, that the ammonio-sulphate of copper, administered in full doses, in an aromatic solution, is the sovereign remedy of all cases of chorea, unconnected with organic alterations of the nervous centres. Dr. Trosseau, of

Paris, has improved the treatment of laryngeal croup with the ingenious application of an operative act. I could mention some more facts as proofs of a progress in children's therapeutices. But this progress is neither sufficiently considerable nor general enough.

The rudest empyricism, and strange and unnatural systems of treatment, can still subsist along with the general line of practice. This fact makes it clear that there must be still a good deal of superficiality and imperfection in our therapeutics.

It seems to me that the curative power of nature is not yet valued as it ought to be, and this is in itself a continuous source of uncertainty, of mistakes, and of improper remedies.

Hippocrates, the genial physician of an enlightened people, said:—"Medicus naturæ minister sit, neque tyrannus,"—that is to say, we are but the servants of nature. But the light of Greece was extinguished, and then the mediœval darkness came over us, and with it the blind faith in remedies; and professional men became the tyrants of nature indeed, overloading the sick with physic, as if there was never a chance of getting well without it.

This tremendous polypharmacy, the most mischievous in children's practice, lasted for more than a thousand years. Latterly it has been very much reduced, and the most enlightened practitioners are at present the most simple in their treatment. But this is not enough.

If, then, somebody tells us that a child, unsuccessfully treated with our medicines, was restored to health by a system quite different from ours, it is not enough to demonstrate it physically or chemically that such and such a treatment could not exert the least influence upon the body, nor to state that in such cases nature performed the cure. All this is not enough.

The *reform* we need must have two essential consequences: *simplification and negativeness* on the one side, and *improvement of active treatment* on the other side. It must be shown what nature *can*, and must be *allowed* to do, and what a remedy can, and in what cases and circumstances it *must* do.

It is quite insufficient to say, as we do frequently, I have seen many and many patients get well under such or such a treatment, as nature and hygienic circumstances are powerful enough to cure suddenly or slowly the greatest number of sick; thus to antimonials is attributed an antiscrofulous action, to mercury a remedial virtue against the inflammations of the brain, and so forth. The important fact is, that *there is no one malady, which we can cure with remedies, which is not cured very frequently by nature alone;* the therapeutic question is consequently only a relative one to the proportional number and length of time of our cures, therefore we must seek to construct a sort of comparative experimental system, comparative between the natural course of diseases, and that influenced by active remedies. This is a task for hospital practice, which, however imperfectly commenced to-day, will sooner or later be generally adopted. I understand here *well-organized* hospitals, completely provided with a good medical attendance, of which there are already a great many in Europe. Under such a careful attendance can be established certain *conditions* under which a disease, acute or chronic, may be abandoned to its natural course; and other conditions, under which, and in what manner, we must interfere with active remedies, in both cases exactly watching over and describing the course of the maladies. In this way by-and-by we shall be in possession of thousands, and hundreds of thousands, of exact histories of this double kind, and shall be enabled to appreciate with more certitude remedies and methods of treatment. I am sure that all the learned members of this school, and all enlightened practitioners agree with me, that medicine will *stand this trial*, and that the result of this enlightening of ourselves as well as the public, upon the curative power of nature, will be in favour of good practitioners, and only unfavourable to ignorance and charlatanism.

The position of our profession is something more than that of *only* prescribing remedies. For my part, as I have been utterly convinced that the principles just now mentioned are the most important for children's practice, I applied the comparative experimentation in the children's hospital since 1842, consequently there is only mention about the results in my last-edited work. At present I have not at my command statistical figures concerning that point, but I can say we have been satisfied that there are diseases of children, or circumstances at certain times in the course of a disease, where remedies are good for nothing, or they are mischievous; but there are other diseases or other circumstances under which a judicious treatment promotes and insures a complete cure; then, lastly, there is a small per centage, (taking all diseases together,) where only by a suitable active treatment death can be prevented.

Syrups, emulsions, and similar things, are not indifferent: they are mischievous to the tender stomach of a nursling, and ought to be very much reduced. Our books contain hundreds of comparative facts, showing that *mercury* is at least useless in the advanced stage of hydrocephalus, indifferent, or just acting as a purgative in meningitis, and that besides its purging action, that on the liver and its specific antisyphilitic quality, nothing appears to be clear about other actions attributed to this flexible sort of panacea, if administered in small or moderate doses; and, what is the most important, we have at command a great number of cases illustrative of the unfavourable influence of calomel upon the digestive organs, the blood, and the bones of children. The strong mercurial ointment, carried to the effect of mercurial fever and crisis, produces sometimes deep changes in the fluids and solids, sometimes beneficial.

We have at command comparative facts concerning *hooping-cough*, showing that pure nervous cases, abandoned to hygienic means, to open air, (always excepted cold damp weather,) are more favourably restored to health than those that are treated with all the recommended active remedies, and confined to the room. I repeat it, I am speaking of *pure* convulsive hooping-cough, as, if there be a complication of bronchitis, or of something else of importance, then we may very usefully interfere with on occasional active treatment.

We have seen epidemics of this affection where many cases required some months till they recovered, whilst in some other epidemics, cases occurred getting well by nature alone in one or two weeks. Thence the mistake in estimating remedies. It seems to me that, if we were to find out the true specific for this nervous, and frequently even periodical affection, its action will be, perhaps, as quickly curative as that of quinine in intermittents. We have found that the most favourable results as regards recovery, and the time of it, was on the side of the hygienic, or at least very simple treatment—of all *simple* fevers, not complicated with inflammation or other important derangement, including even typhus. With water, (cold and warm,) oil, fomentations, poultices, and injections, can be very well treated many severe fevers of children.

I think that these results, however negative, are worthy to be brought under the notice of pupils and young practitioners. It is very preferable in every description of practice, but above all in children's practice, to abandon a case to nature, assisted by the most simple means, rather than to attack the constitution with a mass of medicines without full knowledge of the case, and of the effect of its medicines. The time must come when, in the hospitals and clinics, pupils and new practitioners will be accustomed to see sometimes a severe disease running through its course without interference; this time is not yet come, but will come, and will contribute to develop a certain firmness of character in practice.

But now I must mention also some positive results. I pass over in silence the quantity of cases and circumstances where an occasional active interference insures the completeness of recovery, and mention, before all, intermittent fevers. I dare to say that autocracy of nature cures 10 per cent., but active treatment at least 90 per cent., of them shortly and favourably. Thus out of 100 cases of acute lobar pneumonia in *little* children abandoned to nature, I am sure about 90 per cent. will die; and active treatment applied in the *first stage* of hepatization, will have in its favour about 30 recoveries. And if Dr. Dieth, of Vienna, or some other, speaks unfavourably about the results of bleeding, this is owing to the advanced and neglected state of pneumonia, with which, in general, adult patients enter the hospitals. Active treatment is very favourable also in capillary bronchitis, as well as in almost all acute parenchymatous and serous inflammations.

Our result concerning chorea I mentioned already. This disease abandoned to nature runs from six months to two or even more years, whilst our above-mentioned active treatment had, in 147 cases, 140 speedy and complete recoveries. Dr. Trousseau, of Paris, has recently adopted it, at my recommendation, in the hospitals of that city. But I shall not persist any longer in detailing similar observations. Our results are very little in comparison to what can be expected by the farther progress in a well-managed hospital experimentation.

The physical education of infants and children is also an important point, advancing parallel with this branch of science, but it is too late in this instance to enter into particularities. I am sorry to say that the microscopical examination of the milk of the breast, commenced by Dr. Doune, and even the chemical examination, are not yet arrived at the desirable height of practical importance. In conclusion, this branch of science has already reached to a degree of development and usefulness, worthy the attention of the profession.

I shall at the next lecture enter into detail and specialities.

OBSERVATIONS ON THE CÆSAREAN SECTION,

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Attempts having been lately made to throw a degree of odium upon the Cæsarean section, and the most unwarrantable epithets having been applied to that operation, I am induced to offer, through the *Provincial Journal*, a few remarks upon this interesting and important subject.

In the discussions upon the Cæsarean section at the meetings of the Royal Medical and Chirurgical Society, in February last, allusion was made by Dr. Robert Lee to my successful case of Cæsarean operation. The case was published in the 4th vol. of the "Transactions of the Provincial Medical and Surgical Association;" but as some years have now elapsed since the publication of the case, it may not, perhaps, be uninteresting to some members of the Association to be made acquainted with a few particulars respecting it.

The operation was performed in May, 1835; and in the autumn of the same year brief notes of the case were read in the medical section at the meeting of the British Association, in Dublin. By some unaccountable mistake it was subsequently announced that the operation had been performed by Mr. Knowles, *of Manchester*; and it was so reported in the various periodicals of the day. The same error has been repeated, even a few months ago, in the *Edinburgh Journal of Medical Science*, and also in the new edition of Dr. Churchill's midwifery. I have thought it right, therefore, that the error should be corrected; and I am induced more especially to bring the case again before the notice of the profession, in consequence of a remark made by Dr. Lee in his address at one of the meetings already mentioned. Dr. Lee, after excluding (and apparently with great propriety) the case of Mary Dunally, and that of Mrs. Barlow, proceeds to state that "Mr. Knowles' case, and that of Mr. Cluley, related by Dr. Radford, are the only two real cases of recovery out of fifty performed in Great Britain and Ireland; *and whether these persons are now alive, and in what condition they are, no one can tell.*" I give, therefore, a brief account of the case.

Sarah Bate had long been the subject of *mollities ossium*. She had had four labours and four miscarriages in about eight years; and it was during the space of time in which these miscarriages took place,