

## THE USE AND ABUSE OF THE BOTTLE IN INFANT-FEEDING.

AMONG the numerous opinions as to the most wholesome food for infants, there is little discrepancy as to the suitability of milk. The mother's milk, should she be able to suckle, and the nearest approach to it should she be unable, and the difficulty seems solved; but such is not the case, for so much depends upon the proper administration of the food, that the difficulty, instead of being solved, is practically only commenced. When we have determined to feed a child on properly diluted and sweetened milk, we are told to imitate the temperature of that of the mother, to reduce the constituents to as near an approach to human milk as we can, and then to administer it in one of the most recently constructed feeding-bottles, and the result with the greater number of delicate children is disappointing in the extreme; the child is ever crying, except at such times as the India-rubber teat is in the mouth. Years ago, it was not thought too troublesome, if a child were to be brought up by hand, to feed it; but now the child must feed itself, and, to save a little trouble, a great deal more is incurred. The most important part of the operation of feeding, viz., that of taking care that the infant has a proper quantity, and takes that quantity as nearly naturally as possible, is left to the ingenious contrivance of the bottle itself to accomplish. The modern bottle saves the trouble of nursing, so the infant is never without it; but whoever has watched a young infant feeding through one of the India-rubber tubes may quickly observe that the child either takes the food too fast or cannot take it without too great an effort. But one bottle to suit the varying powers of different children seems absurd. The present system of laying an infant down with the bottle is a mere excuse for idleness. A child should be fed in the arms of the nurse and constantly watched while feeding, the supply of food carefully regulated, in order that it may be taken in a natural manner, and, after feeding, the child may be laid down, but not with the bottle, which is one of the most injurious and pernicious introductions of modern times. The ancient feeding-bottles, that necessitated the constant attention of the nurse, should alone be allowed, and we should much less frequently hear of the failure of the most natural food, milk, supplying every element for the effectual and comfortable nutrition of the child.

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## REPORTS

OF

### MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN.

#### LONDON HOSPITAL.

##### CASE OF ACUTE DISTENSION OF WHARTON'S DUCT GIVING RISE TO INFLAMMATORY SWELLING, THREATENING SUFFOCATION.

(Under the care of Mr. JAMES ADAMS.)

ELIZA EKINS, aged 31, a pale flabby woman, who had been recently confined, and bore the marks of ill-usage, came to the out-patient department at the hospital, on Tuesday, April 25th, complaining of pain under the jaw, chiefly referred to the right side, with swelling of the floor of the mouth on each side of the frænum; and the tongue itself was also swollen. There was also considerable swelling visible externally beneath the jaw on both sides. The mucous membrane on each side of the frænum was raised, forming a considerable prominence, and its surface was covered by a false membrane, which was tough but not very firmly adherent; when it was removed, the surface beneath bled but little, and the membrane was quickly renewed. The tongue itself was swollen, notably more on the right side; and there was a distinct hard mass in the muscular substance of the organ on that side. The false membrane contained no vegetable fungus, and consisted entirely of epithelium. The mouth was always open, and there was constant dribbling of saliva. At this time, with the exception of the slight tendency in the disease to be somewhat unilateral, it appeared to be an ordinary inflammatory mischief, and closely resembled a case of suppuration of the deep connective tissue of the neck, several examples of which have come under notice, one being of special interest as occurring in connection with trichinosis (this case will also be published). On the 28th, she was admitted into the hospital. During the next two days, the swelling of the tongue and sub-maxillary region increased somewhat, but I could not satisfy myself that there was any fluctuation. She had two attacks of urgent dyspnoea, but they were not of long duration. On the morning of

May 2nd, she expressed herself as being much better, and said that something had burst under the tongue during the night, and that a large quantity of yellowish fluid had escaped. The swelling was now much less: pressure beneath the jaw caused the fluid to pour out through an opening on the right of the frænum. A probe introduced through this led into a large cavity, which extended upwards into the substance of the tongue, and downwards in the direction of the submaxillary gland. From this time recovery was rapid, the only treatment required being to wash out the cavity with a weak solution of Condy's fluid. She went out, and was told to show herself from time to time, but never re-appeared.

Since seeing the above case, I have met with another amongst my out-patients, which seems to me to be most probably of the same kind. The patient was a child about 10 years, and her mother gave a history of a rapid swelling beneath the jaw on the right side, great swelling of the tongue with protrusion, and constant dribbling of saliva, and said that on the morning of the third day something broke while the child was asleep, and there was a copious discharge of greenish yellow fluid. On the fourth day, when I saw her, the swelling had greatly subsided, and there was a ragged opening on the right side of the frænum large enough to admit a No. 5 catheter, and from this there was still escaping fluid of the above-mentioned characters. The direction of the cavity in this case was the same as in the other, only it did not extend into the tongue.

From the one-sided symptoms, the situation of the natural point of opening, and the peculiar glairy character of the secretion, I have no doubt that both these swellings were caused by dilatation of Wharton's or some other adjacent duct; but in the absence of any visible mechanical cause of obstruction (such as salivary calculus) it is difficult to account for the acuteness of the symptoms. These are the only cases of this kind that have occurred in my own practice, but I have lately learned that several others have been known in this hospital.

The early recognition of the disease, and a timely incision, would doubtless save the patient much pain, and some risk, as in one case the dyspnoea actually proved fatal.

## HOSPITAL NOTES.

### GUY'S HOSPITAL: DR. WILKS'S CLINIQUE.

*Early Use of Bromides.*—The history of the introduction of any remedy into practice has always an interest, and that the earliest cases of epilepsy treated by bromides were observed at Guy's deserves record. It was at the time that epilepsy was being traced to syphilis, and the iodides consequently were being freely given, when Dr. Sieveking read a paper concerning the malady at the Medico-Chirurgical Society, and Sir Charles Locock, then in the chair, remarked that, in Germany, bromides were being given with advantage to hysterical and excitable girls. From that statement, Dr. Wilks was led to prescribe it as an alternative to the iodide treatment in epilepsy, and with such remarkable results as are now daily verified. His cases were reported by Dr. Hughlings Jackson in the *Medical Times*, December 1861, some having been treated in March 1860.

We subjoin some notes of observations made by Dr. Wilks on cases in his wards during our recent visits.

*Chorea: Pathology.*—"I am sceptical as to fright being really so frequent a cause of chorea. The mothers seem to know we expect to hear of it, and they are ready to connect the two things. I have known three cases follow direct injury, one boy having been knocked down and another pulled backwards from a chair, and a third hurt in some other way, and all developing chorea shortly afterwards. A curious point is that, even in cases that may be set down to moral causes, vegetations occur in the heart-valves; this was the case in a girl admitted with chorea (consequent on a Woolwich explosion), and who died a week afterwards: the valves were covered with recent fibrine. For the embolic theory of chorea there is much to be said, for some cases may be so entirely explained by it: a child, for instance, having first acute rheumatism, peri- and endocarditis, suddenly loses power in one arm and leg, and, as power gradually returns, the same limbs are affected by chorea; but if chorea be produced by a moral cause, are we to suppose embolism, then, also?"

With regard to treatment, I wish I could speak as confidently of it in other diseases as in this: I mean that we can depend on curing it by rest and food. Nerve-tonics may help, but no remedies seem to act directly on nerve-diseases. The marked physiological action of conium, belladonna, nux, and others, finds but little application in therapeutics; narcotics and sedatives may do something, but to benumb the nerve-system is not really curing. It has happened that we may quiet a severe case of chorea or of tetanus with opium or with chloroform, and

the patient may die when quiet. It is likely that blows on the head graduated to produce the requisite amount of concussion would induce similar effects of quieting, *e.g.*, a maniacal patient; but we should scarcely speak of it as curing hysteria."

There are two interesting cases of hysteria in Dr. Wilks's ward. One, a girl of 15, "cannot open her eyes", and the muscles take on a state of spasm which is more or less under control of volition; that is to say, the arm may remain for long flexed as it is placed and resists being moved; but, if the attention of the patient be directed to another part, the spasm suddenly relaxes. "One can imagine in hysteria an abeyance of function of a part or the whole of the brain, but the combination of spasm and volition is not easy to explain. In another case, of a woman of 30, with a long history of anomalous symptoms, there seems to be such an abeyance of function of the right half of the brain; there is not only loss of power on the left side, but, according to her statement, loss of sensation and of special sense also on the same side. Now, we do not know any lesion that will produce such a state of hemianæsthesia, though it is said that some lesion of the pons will give an approach to it. In hysterical hemiplegia, it is noteworthy that those parts fail most that are under the control of the will, as the voluntary muscles of the limbs; the face, for instance, is seldom affected, unless as to the sphincter muscles of the eyes and mouth; but the constrictors of the pharynx and the pelvic sphincters are liable to suffer."

*Pathology and Therapeutics.*—It has been objected to us at Guy's that we rather under-rate therapeutics and over-estimate pathology; also that the latter study tends to narrow and limit our views. Now, I feel satisfied that we give very much more attention to therapeutics than was given in my early days. We may not always prescribe medicines, but we never see a case without at least discussing treatment; whereas I have known Bright and Addison, after a visit, entirely forget to write a prescription; and even Babington, whose formulæ were considered so elegant and were so popular, never discussed treatment, and I doubt whether he could have reasoned about it. And, with regard to any narrowing influence of pathology, the fact is surely the reverse. It is the pathologist who generalises, and the clinical physician who specialises; it is the latter who says, "Here are certain signs and symptoms; it is a case of heart, liver, or kidney-disease"; whilst it is the former who says, "The heart is unhealthy, it is true, but this is only part of a general morbid change in the vessels and organs, thoracic, abdominal, and cerebral". Here really is the generalisation.

*Morbus Cordis, etc.*—In a case of advanced mitral disease with dropsy, the area of liver-dulness was found to be smaller than normal, and the liver was judged to be cirrhotic. "As a rule, the liver is enlarged, and should be expected to be so, as a consequence of venous congestion in heart-disease. I have often noticed, as Addison often noticed before me, that it will be said of a case of heart-disease, that it is complicated with disease of the liver, the fact really being that the enlargement is a natural and necessary consequence."

*Phthisis: Prognosis.*—Hæmoptysis is more frequent in the earlier than in the later periods of phthisis, and hence it is often difficult to discover physical signs for it. In later stages, the vessels have usually become contracted or obliterated before softening occurs. The mistake is sometimes made of condemning a case wherein signs of excavation are found, whereas they are often evidence of a chronic form, and one likely to remain stationary for some time. The really worst cases may prove to be those in which but little physical alteration is at first detected, and acute tuberculosis will run a rapidly fatal course without any excavation. The signs of a cavity may be reckoned on the fingers, as these five: dulness, amphoric breathing, pectoriloquy, gurgling, *bruit de pot fêlé*. The most importance is commonly to be attributed to the moist sounds, for others are not conclusive. As to the external appearance of the phthisical chest, as a question of life-insurance, the pigeon-breasted narrow chest is often considered phthisical, but without sufficient reason: such a form represents early rachitis, but the true phthisical chest is a *flat* one, with the sternum rather falling in than protruding. "I see no close connection between rachitis and phthisis."

*The Hamorrhagic Pulse* resembles most nearly the pulse of aortic regurgitation, and has been well called the pulse of "unfilled arteries". Its jerky character was well marked in the case of a woman who had recently had severe hæmatemesis.

*Eczema Infantile (Syphilis?)*—In judging of skin-diseases, it was formerly reckoned important to distinguish between those affecting the epithelium and those affecting the true skin. Is it really important? very often not. The child before us has a rash also on the buttocks, rather coppery and hard; the colour alone would suggest syphilis. The modern nomenclature "syphilitic" is an improvement on the older one of syphilitic lichen, syphilitic psoriasis, etc.

## ABSTRACTS OF INTRODUCTORY ADDRESSES

DELIVERED AT  
THE METROPOLITAN AND PROVINCIAL  
SCHOOLS,

On OCTOBER 2nd, 1876.

QUEEN'S COLLEGE, BIRMINGHAM.

THE Introductory Address was delivered by Dr. JAMES SAWYER, Physician to the Queen's Hospital and Professor of Pathology in Queen's College.

After some words of welcome to the students, both old and new, the lecturer remarked that he cordially and sincerely congratulated them upon the choice which brought them there. The calling they had chosen was not likely to make them rich; but they might confidently expect to secure an honourable independence, without the aid of patronage or party, if they had ability and used it aright. He hoped a genuine and unalterable love for science had guided their choice; then they would always have an ever-deepening pleasure in their work.

Speaking of the Birmingham Medical School, Dr. Sawyer said its history was honourable; made so by the record of much self-sacrificing zeal, by a succession of teachers, not a few of whom had been truly eminent, by a roll of students, not a few of whom had been truly distinguished. About five years ago, the General and Queen's Hospitals, before, with changing fortunes, rival clinical schools, became united for the instruction of students. This association of the two great hospitals of the town had already effected much good, and experience of its working had more than realised the sanguine expectations of its promoters. The students had now the privilege of watching and sharing in the practice of twenty physicians and surgeons, who were responsible for the charge of four hundred beds and the annual care of nearly four thousand in-patients and forty thousand out-patients: a staff of teachers and a *clientèle* unequalled in most other schools, either in the metropolis or in the provinces.

All the examining boards now very rightly demanded that students, before entering upon the study of medicine, should pass a preliminary examination in the subjects of ordinary scholastic culture. In most cases, this examination was still lamentably insufficient. Their progress in study and position hereafter to be attained in public and professional estimation depended very greatly upon the degree and extent of mental cultivation the students had already attained. They should not lay aside the culture of general literature. Let them learn to turn to it with delight when severer studies pressed too hard. He hoped they had acquired a competent acquaintance with more languages than their own, and had made a thorough study of logic; for logic now, as truly as ever, was the only art of arts, the surest foundation on which they could build: they must learn to measure all things by its exacting canons, learn to test all teachings by its searching scrutiny. They must further apply themselves diligently at the College to the study of anatomy, physiology, chemistry, materia medica, and botany. All through the curriculum, they ought to attend continuously the work both of the College and of the hospitals; but, in the earlier part of their course, they should give preference to the former; in the later, they might allow prominence to the latter. The work of a hospital, especially the surgical portion of it, has usually a great charm for the young student. It is right it should be so. But it must not be permitted to lead him to neglect in his earlier years the more sober studies of anatomy, physiology, chemistry, materia medica, etc. There is a time for all things. Medicine is both a science and an art. The training must first be mainly scientific and then mainly practical. Students should be careful to assign its proper place to each of the subjects before them, and allot their time and thought to each in a measure corresponding to its relative importance. They should not fall into the too exclusive pursuit of any favourite science to the neglect of the others. The end before them was to become good physicians and surgeons.

They had adopted a calling which often carried with its practice an enormous weight of responsibility, dealing as they would have to do with questions of stupendous importance, with the health and sickness of individuals, of families, and of communities, with life and with death. For such a task no education could be too severe, no preparation too exacting; and their training would not be complete unless it reached to morals and to character no less than to knowledge and to