

Children's Type

Douglas M. Borland

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Therapeutics- Childrens types by Douglas. M.Borland.

Condition [Intro]

CHILDREN'S TYPES By Douglas M. Borland, M.B.,

A COMMON constitutional type in children is CALCAREA, usually CALCAREA CARBONICA but sometimes CALCAREA PHOSPHORICA or CALCAREA SILICATA are more suitable to the individual case. This leads to a consideration of PHOSPHORUS and SILICEA; it is useful to know the outstanding characteristics of these remedies and those that follow on.

In association with the SILICEA types consider also SANICULA and AETHUSA. A little away from the strict CALCAREA type is the possibility of LYCOPODIUM, and following from that a further possibility of CAUSTICUM.

Quite apart from the above it is always wise to consider giving a dose of TUBERCULINUM when treating children of the first group.

In the second group BARYTA CARBONICA - the next drug to consider is BORAX - the same type of child with similar indications. This leads onto NATRUM MURIATICUM, which in turn raises the possibility of SEPIA.

This leads on to drugs of "depression", and one of the gold salts must then be considered, either AURUM METALLICUM Or AURUM MURIATICUM. When dealing with a sluggish mentality or sluggish make-up there is always the possibility that CARBO VEGETABILIS may be called for.

The third group - GRAPHITES - lead to the consideration of CAPSICUM, and if dealing with any skin condition the possibility that PSORINUM may be called for must be considered. Also when dealing with children, where there are definite skin indications ANTIMONIUM CRUDUM should be thought of and, although it is not really like the GRAPHITES picture, PETROLEUM should always be remembered as a possibility.

In the fourth group - PULSATILLA - there are also a number of possible drugs. After PULSATILLA the first possibility is KALI SULPHURICUM, and as in every sulphur compound it is necessary to consider whether the case could be a SULPHUR type.








When the mentality is very similar to that of PULSATILLA one has to consider THUJA, and as soon as the PULSATILLA THUJA group is considered it leads on to SILICEA.

In turn SILICEA always suggests the possibility of FLUORICUM ACIDUM. If dealing with hot-blooded patients, think of BROMIUM and IODUM. From IODUM with its emaciation and hunger pass to consideration as to whether ABROTANUM may be called for.

In the fifth and last group - the "nervy" drugs - ARSENICUM ALBUM heads the list with all its terrors. Terrors also suggest STRAMONIUM. Then comes the hypersensitive nervous system type and CHAMOMILLA comes to mind, and then CINA, which is a little more violent.

The strange digestive disturbances of CINA lead to consideration of MAGNESIA CARBONICA Reverting to the strictly nervy type, one considers the possibility of IGNATIA, and with this nervous restless, fidgety type there is always the possibility that ZINCUM may be called for.

The foregoing is a brief survey of the various groups and these are now considered in greater detail.

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Therapeutics- Childrens types by Douglas. M.Borland.**Condition [Group II]****Baryta carbonica. [Bar-c]**

The second group are all very much of the same type; they all apply more or less to the backward child, either a case of delayed development, or a definite mental defective. The outstanding drug in this group is BARYTA CARBONICA, which is more typical of the backward child than any other drug in our Materia Medica.

The characteristics of the BARYTA CARB child are very definite it is a dwarfish child, dwarfish mentally and physically. I have never seen a BARYTA CARB child who was up to standard height, but they may be up to standard weight. The next glaring characteristic is that the BARYTA CARB child is always an excessively shy child.

That shy characteristic covers quite a lot of the BARYTA CARB child It is nervous of strangers; scared of being left alone; very often it is terrified of going out of doors; a town-bred child going to the country is terrified in the open fields. They often get night terrors without any clear idea of what the terror is; and they always have a fear of people.

Another characteristic linked with that fear of people is that the BARYTA CARB. children are always touchy; they do not like being interfered with; they are very easily irritated. The next thing is that throughout their lives they have been late in everything-late in speaking, late in walking, late in dentition slow in gaining weight.

Another marked feature is an exaggeration of the normal child's forgetfulness. Every child is forgetful, every child is inattentive, but in the BARYTA CARB. child this is very much exaggerated. If they are playing they never stick to it for any length of time, they pick up a toy, play with it, and drop it; you may hold their attention for a minute or two, then they turn round and look at the nurse or mother or whoever happens to be there.

They pick up a thing from your desk and fumble with it for a minute or two, and the next moment they are playing with the handle of a drawer. It is that lack of concentration that is the outstanding characteristic.

As they get older the same report comes from school-the child is inattentive, never concentrates on a lesson, appears to learn something today and has completely forgotten it tomorrow. The mother would teach the child its alphabet a dozen times over and ten minutes after it knew it, it would be allowed to go out and play and half an hour later it was all forgotten.

Another thing is that they are very easily tired out; any attempt at sustained effort exhausts them. When they are young they become cross and irritable as they get older any sustained effort brings on very troublesome headaches-usually a frontal headache with a feeling as if the forehead were bulging and sitting right down over the eyes, and it is awful effort for them to keep the eyes open.

The next point about them-and it is pretty constant to all the BARYTA CARB children is that they are liable to get colds, and their colds are characteristic. They always start as a sore throat, and most BARYTA CARB. children have hypertrophied tonsils.

To the hypertrophy of their tonsils can be linked the other glandular tissues; the BARYTA CARB. child very probably has enlarged cervical glands, possibly enlarged abdominal glands. With the enlarged abdominal glands linked the fact that the child stands badly, there is often marked lordosis and a very prominent abdomen.

With the abdomen condition is the symptom that the BARYTA CARB. Child is usually worse after eating-more inattentive, more irritable, more touchy, and very often more tired after eating.

The next thing about them-linked with the tonsillar hypertrophy is that if that get enlarged tonsils and get cold they are very liable to develop a quinsy. Here is a tip that is worth remembering. To a typical BARYTA CARB. child with an acute tonsillitis it is wiser to give a dose of BARYTA MURIATICA rather than BARYTA CARB. during the acute phase; and very often they will need an intercurrent dose of PSORINUM after the BARYTA MUR. before reverting to BARYTA CARB.

It is quite easy to tack on the PSORINUM to the BARYTA CARB. because many of these children tend to get a crusty skin eruption on the head and crusty margins to the eyelids, they may have a definite blepharitis, and most BARYTA CARB. children are worse from washing-all of which are definite PSORINUM symptoms also.

They are very liable to get intensely irritable skin eruptions, but with intense irritation, and that again is liable to be worse after they have been bathed.

As would be expected with that type of child with low physique, they are chilly, are if they are exposed to cold their tonsils become affected. One other features of the BARYTA CARB. children is a marked tendency to salivation; dribbling is a common characteristic of mentally defective children.

Above are the keynotes to the "mentally defective" group of drugs, and of these BARYTA CARB. is by far the most commonly indicated. Following that come other drugs mentioned previously starting will BORAX.

Borax. [Bor]

The feature that makes one consider whether a child is a BARYTA CARB or BORAX type is the manner in which the child is frightened. They are both scared children and they are very often quite similar to look at, but whereas in the BARYTA CARB. child anything strange in its surroundings scares it, in the BORAX child it is any sudden noise in its vicinity which simply terrifies it.

The tendency to salivation and dribbling is equally marked in BORAX, but in the majority of BORAX children one is dealing with a definite stomatitis, and associated with the salivation there are white spots on the tongue pearly spots round the margins of the tongue, spots on the lips and on the inside of the cheeks.

There is a very similar history in regard to night terrors in the BORAX, child but there is usually an exciting cause in these cases; the child has been doing too much during the day, or has been overexcited in the evening, and then it is almost sure to have a marked night terror.

With the BORAX child there is not the same degree of inability to learn. The child is simply idle. If he would give his heart to it he could learn, but he is just idle. These children never settle to anything, and even at play they do not persevere but get bored and change from one thing to another.

Another thing that distinguishes them from BARYTA CARB. types is that BORAX children are much more irritable, and their irritability does not end up in weeping as it very often does in BARYTA CARB, but it ends up in a violent passion the child kicks and screams.

The next point which distinguishes the BORAX child from the BARYTA CARB. child is that the BARYTA CARB. Child tends to get a generalised skin eruption, or a very definite crusty eruption on the scalp, but the BORAX child is much more likely to get herpetic eruptions-very often herpetic spots about the lips, or a generalised rash of small herpetic spots on the body.

BORAX cases are also more liable to get acute digestive upsets than BARYTA CARB. types which have the typical chronic constipation, the hard stool. BORAX is liable to sudden attacks of diarrhoea and vomiting. Another characteristic of BORAX which distinguishes it from BARYTA CARB. is the peculiar BORAX sensitiveness of fruit, with violent colic after eating fruit colic followed by diarrhoea.

Associated with the tendency to inflammation of the mucous membranes, acute stomatitis etc., it is very common in BORAX children to find either enuresis or pain on micturition; pain on micturition is much more common, and very often it is without any definite urinary infection.

Another thing that distinguishes the BARYTA CARB child when a little older is that the BARYTA CARB child gets depressing frontal headache from over-study; whereas the BORAX child tends to become sick, and tends to get definite nausea from intense concentration.

Then there is the final clinching points in connection with the BORAX child, and that is the notorious BORAX aggravation from downward motion.

BARYTA CARB children often get train-sick BORAX children will get train-sick and car-sick too, but BORAX children have a peculiar terror of downward motion, and it is that terror much more than the actual feeling of discomfort which is the characteristic of the BORAX children.

It occurs in numerous circumstances; the typical pointer is the child who screams time it is laid down in bed if the nurse does not lower is very gently; but it is equally marked in older children who scream on going down in a lift. it is the peculiar terror rather than the physical discomfort, which distinguishes BORAX from any other drug.

One useful practical tip is in connection with air-sickness. There are various drugs for train-sickness and sea-sickness but BORAX acts in the majority of cases of airsickness, because it is the sudden dip which upsets most people and particularly the terror of falling. Air-sickness has been completely overcome by three or four doses of BORAX before travelling by air.

BORAX is like BARYTA CARB in being sensitive to cold, but it has much more sensitiveness to damp than BARYTA CARB.

BORAX is one of the sodium salts and immediately one considers the sodium salts one thinks of the possibility of the others, and by far the most commonly indicated of these is NATRUM MURIATICUM.

Natrum muriaticum. [Nat-m]

In children the majority of NATRUM MUR. cases are rather under- sized and underweight. At first sight they are a little difficult to distinguish from the BARYTA CARB child with its shyness, because the NATRUM MUR. child appears to have a very definite dislike of being handled; it has a very definite dislike of being interfered with and is liable to burst into tears, which is not unlike the shy terrified reaction of BARYTA CARB child.

But on closer investigation the reaction is quite different. It is not shyness in the NATRUM MUR. it is much more a resentment at being interfered with. The NATRUM MUR. child cries, but cries much more from rage than from terror. You can very often stop the NATRUM MUR. child's crying if you are sufficiently firm but try to soothe it and it gets worse.

A NATRUM MUR. child will be nearly in convulsions with screaming when its mother tries to soothe it, whereas as soon as left alone it will settle down and sit in a corner and watch you. The BARYTA CARB will sit in a corner and play with anything within reach it has an entirely different mentality.

Another thing which distinguishes NATRUM MUR from BARYTA CARB is that though they both tend to be awkward in their movements the BARYTA CARB child is awkward because of inco-ordination it is clumsy but the NATRUM MUR. child knocks

things over because it is in too big a hurry.

There will be a history of delayed development in the NATRUM MUR. child particularly that the child was slow in learning to speak. It may also have been slow in starting to walk but that is not nearly so constant. Often the NATRUM MUR. child's speech is faulty, but it is much more a difficulty in articulation than a lack of mentality as in the BARYTA CARB child

The next characteristic of the NATRUM MUR. child is that it is probably small and underweight. In contrast to BARYTA CARB. where there are a mass of enlarged cervical glands, the typical NATRUM MUR. child may have very small shotty enlarged cervical glands in a thin neck. The BARYTA CARB types have a chain of quite large glands running down the anterior border of the sterno mastoid; the NATRUM MUR children have small shotty glands at the back of the neck and the neck itself is rather skinny

The NATRUM MUR. child does not tend to run to the same degree of crusty skin eruptions as the BARYTA CARB child NATRUM MUR. cases get an eruption restricted to the margin of the hair, rather than spreading over the whole scalp.

There is not the same tendency to salivation in the NATRUM MUR. child and instead of the small patches found in a BORAX mouth in NATRUM MUR. the tongue is sensitive and is red places and white in places, not with the little white vesicles of BORAX types but with the irregular mapping which is associated with NATRUM MUR. either in children or in adults.

As the NATRUM MUR children grow older, they develop school headache; when under pressure, working too hard, attempting to concentrate too much, they get headaches. The headaches are almost identical with the BARYTA CARB. headaches; they are frontal headaches with the same feeling pressure down over the eyes, and they are brought on by intense effort-particularly mental effort.

The temperature reactions in NATRUM MUR. are definitely different from those of BARYTA CARB. In NATRUM MUR. often the child is chilly sensitive to draughts, will shiver from a change of temperature and will start sneezing from a change of temperature; but he is very sensitive to heat-stuffiness particularly and to exposure to the sun, and is very liable to develop a sun headache.

The majority of these NATRUM MUR. children have a definite salt craving. It is most unexpected that children should have the excessive desire for salt recorded in the Materia Medica. But in practice one meets case after case in which there is a very definite salt craving in these children-they will steal salt as other children would steal sugar.

Another thing to look for in children needing NATRUM MUR. is a very marked tendency to develop hang-nails, splits up the side of the nails which are extremely sensitive, very painful and very difficult to heal. It is a small point, but it is quite useful in

practice.

A distinguishing points is the appearance of the skin. Typical BARYTA CARB. children usually have very little colour, they are sallow, rather earthy looking. BORAX children often have considerably more colour in the cheeks, the skin is a little more yellow, not quite so earthy looking and a shade more inelastic, thick and greasy.

NATRUM MUR children probably are a little darker still, they flush a little more easily, they perspire a little more easily and there is a slight increase of the greasy appearance.

Sepia. [Sep]

When considering skins the next possibility is SEPIA, which has the same kind of sallow greasy skin; and SEPIA is a drug which is far too much neglected in the treatment of children.

The outstanding feature of SEPIA, children is their negative attitude to everything. They tend to be depressed, moody, indolent, disinclined for work, and not even interested in their play. If pushed they are liable to sulk or weep.

They are usually nervy children, scared of being alone, very often afraid of the dark, and yet they dislike being handled. very often they have a definite dislike of going to parties, and there is a point which is sometimes confused with BARYTA CARB a dislike of playing with other children.

It is the thing that later develops into the typical SEPIA dislike of meeting friends, and is often confused with the BARYTA CARB dislike of people altogether, but mostly it is pure indolence in the SEPIA children, and once they get to a party they are perfectly happy.

The next point is that these SEPIA children, although so lazy and indolent, are definitely greedy, and SEPIA should always be considered for a definitely greedy child. Another thing common to SEPIA children is that although they loathe to go to a party, when they get there and start dancing they wake up at once and are perfectly happy. It is astonishing the effect of dancing on SEPIA children. The heaviest, dullest child when dancing at a party will become an entirely different being, will suddenly come alive. It is a useful tip and the parents may give it when asked.

Another odd symptom which appears occasionally in children and is a definite SEPIA lead is that these slow-developing children very often acquire the habit of head-nodding. when faced with a head-nodding child always think of the possibility of SEPIA, do not dash off at once to one of the typical chorea drugs.

Various other points are fairly common in the SEPIA children. For instance, they are nearly always constipated, and associated with this is usually a tendency to enuresis. And

one thing which is very constant in SEPIA children is that the enuresis takes place early in the night.

Usually if these SEPIA children are lifted about 10 p.m. they remain dry the rest of the night; it is in their first sleep that they lose control.

At the later age, in the sallow, dull, greedy, locked-up child, there is a history that she is developing fainting attacks, and these are induced by standing, or by taking up any fixed position in a close atmosphere- standing in school, standing in church, kneeling in church- the SEPIA child is very often liable to faint.

All these children-like all SEPIA patients - are sensitive to cold children are particularly sensitive to weather changes, and the typical SEPIA child will develop a cold from changes in the weather apparently without any contact with infection.

Another useful lead towards SEPIA in children is that they are very often upset by milk. If a SEPIA child gets a digestive upset and is put a milk diet he will certainly become constipated.

Associated with their sallow, greasy skin, SEPIA children tend to sweat profusely, and are liable to develop very itchy skins without much sign of an eruption and without comfort from scratching.

Aurum metallicum. [Aur]

With this sallow, dispirited, sluggish type of child, with that depressed, negative attitude one should always consider the possibility of gold, AURUM METALLICUM, or one of the gold salts. The typical AURUM child is always an undeveloped child. It is not so much a question of undersize and underweight as that it simply does not grow up.

The typical Aurum child of 5 years of age is probably about the level of a 3 - year- old. The majority of cases needing AURUM are boys and in majority of these case there has been some failure of development - an undescended testicle, a very poorly developed scrotum, something which indicated that the child was slow in developing even if developing satisfactorily. It is type of symptom for which one might consider BARYTA CARB.

AURUM children always give the impression of being lifeless. They are always low spirited, rather miserable, lifeless, and they are absolutely lacking in go. They have no initiative at all and give the impression of finding everything a frightful effort.

The report from school is that they are backward and that they have very, poor memories. One of the odd things about them is that, in spite of being dull, depressed, miserable, lifeless sort of creatures they do respond to contradiction; the child has no go in him and he makes some statement which is contradicted and he flies into an absolute rage; it is the one thing that stirs them up.

Another constant factor which is rather surprising in this type of child despite the impression of being sluggish, is that have a weird hyperaesthesia to pain, they are terrified of it and extremely sensitive to it. And, in spite of their sluggishness, they are very sensitive to noise and have a very acute sense of taste and smell.

They are liable to very persistent very troublesome catarrh. They have very definitely infected hypertrophied tonsils, practically always with a lot of offensive secretion in the tonsils, practically always with a lot of offensive secretion in the tonsillar crypts. They get hypertrophied adenoids, again with very offensive nasal discharge; with this they get attacks of acute otitis with perforation of the drum, and very often a stinking, purulent ear discharge.

If they are forced to exert themselves they very easily get out of breath and suffocative attacks with acute difficulty in breathing, without any obvious physical cause.

Another odd characteristic of the AURUM children is that they are frightfully sensitive to any disappointment; they will grieve over it for days, quite out of all proportion to the normal child's reaction. And associated with that is the other typical AURUM symptom that the child sobs in his sleep without waking up, and apparently without having been distressed the night before.

Carbo vegetabilis. [Carb-v]

A drug which also has a very definitely sluggish condition and is sometimes a little like AURUM is CARBO VEGETABILIS although the cause is entirely different.

CARBO VEG. children are definitely sluggish but it is more a physical than mental sluggishness and results from physical stagnation, not from any lack of brain capacity.

They are slow in thinking they are dull mentally; they have a slow reaction time; and they are lacking in go of any kind. They are very easily discouraged, rather dispirited and miserable sore of children, and if they are pushed they become peevish, but it is a futile sort of peevishness without much bite in it.

Associated with the general mental sluggishness there is always sluggishness of circulation. They are very often heavy sallow complexioned children, and they have bluish extremities bluish fingers, bluish toes, and the extremities are always cold.

The next thing about them is that if they are pressed at all at school made to work, they are almost certain to develop of a dull, occipital headache. They may get the same kind of headache from wearing a tight hat. With these dull, occipital headaches there is complete inability to work, to concentrate, almost to think.

Often the child has been pushed at school, is developing headaches, seems dead tired in the evening, and gets the most violent nightmares, so much so that the child is almost

terrified to go to bed, particularly in the dark.

In these nightmares they see ghosts, faces, all sorts of terrifying spectres. These cold, sluggish children get very hot and sweaty at night, particularly the extremities, but it is mainly general, and the CARBO VEG children usually have a sour smelling sweat.

Another thing linked with the CARBO VEG sluggishness of circulation is that they very easily get a pretty persistent epistaxis; very often these children have a severe epistaxis in the night.

Another symptom associated with the general sluggishness is constipation. They mostly have digestive difficulties and tend to have big bellies; they get a lot of flatulence. In spite of being constipated they very easily get attacks of diarrhoea - a very offensive, watery diarrhoea - and then they return to their constipated state again.

With these digestive difficulties they have marked likes and dislikes of food. They like sweet things - which often upset them - and they like to have their appetite stimulated with something tasty, so they like salt things. With their general sluggish digestion they are upset by fat things rich food of any kind ; very often they develop a definite aversion to fat and frequently have a marked aversion to milk.

A fairly constant feature of all these CARBO VEG children is that they are not primarily CARBO VEG. children ; this condition has developed as the result of some preceding illness, sometimes it is a case of measles; sometimes an illness like bronchitis or pneumonia very often influenzal in origin, and it often dates from an attack of whooping cough.

Therapeutics- Childrens types by Douglas. M.Borland.**Condition [Group III]****Graphites. [Graph]**

The third group is headed by GRAPHITES. This group is associated with children who have definite skin eruptions. Almost any of the other drugs already mentioned may be required for skin eruptions, for instance, CARBO VEG. Children have a very obstinate eczema of the scalp CALCAREA children have eczema of the scalp, CAUSTICUM children have a lot of skin eruptions.

There may also be a very obstinate eczema of the scalp with SEPIA indications. But the GRAPHITES group is the one to think of when a child has a definite skin history. There is a tendency when treating children with an irritant skin to give a dose of SULPHUR, and there have been many cases where that dose of SULPHUR has done harm and I am chary of starting with SULPHUR in these children with skin trouble.

The typical GRAPHITES child is fat and heavy. It is usually pale, always chilly, and nearly always constipated. In the majority of instances with obstinate constipation in a small child the abdomen is enlarged, a factor so constant that one does not stress it.

GRAPHITES children are always timid. They are rather miserable, and have a complete lack of assurance. The slightly older children hesitate over what they are going to reply to any questions put to them; the school report states that they are indefinite - there is the same hesitation here; and most of these GRAPHITES children are lazy; they have an aversion to work.

There is a queer contradiction in the GRAPHITES children. With the uncertainty and hesitation, laziness and general physical sluggishness, there is always an element of anxiety in the children. They always tend to look on the hopeless side of things; if they are going to a new school, they dread it. They are always looking for trouble.

The next thing about the GRAPHITES children is that, associated with their pallor, under any stress at all flush up - they have a definitely unstable circulation. And under stress, when they are excited, with this flushing up there is a tendency to troublesome but not very profuse epistaxis, which comes on under excitement that is the diagnostic point.

A constant feature of the GRAPHITES children, which at once distinguishes them from the CALCAREA children who look not unlike them, is that instead of the soft, sweaty CALCAREA skin, they have a harsh dry skin which tends to crack, particularly on exposure to cold. If these GRAPHITES children have been playing in water in cold weather they come in with their hands chapped and bleeding.

Associated with the dry harsh skin, are the GRAPHITES skin eruptions, and the type of eruption is constant no matter where it is. Cracked fingers which tend to bleed also ooze a sticky thick yellow serous discharge.

The same kind of condition arises in any of the folds in GRAPHITES types, the back of the ear, canthus of the eye, angles of the mouth the groins, bends of the elbows, round the wrists and particularly about the anus; in this site are found deep painful fissures oozing a thin, sticky, yellowish discharge.

As the discharge dries it forms thick crusts which pile up as secretion of matter continues beneath; and the crusts come off to reveal the same kind of gluey yellowish discharge, very often streaked with blood.

In my experience children suffering from asthma who have a history of skin troubles are not helped by GRAPHITES. These cases of suppressed skin troubles which develop asthma are extremely difficult and I have found that GRAPHITES fails altogether. Many other remedies have been successful such as PSORINUM, ANTIMONIUM CRUDUM, NATRUM MUR., SULPHUR., THUJA has helped quite frequently, and with no other lead it would be wise to start with THUJA.

That can be linked to one or two other typical GRAPHITES symptoms in children. They are liable to get a very persistent purulent nasal discharge, a chronic otitis with a perforation of the drum and again the same kind of yellowish excoriating discharge, with an irritating eczema of the external ear whenever the discharge runs over.

Associated with the purulent nasal discharge, many of these GRAPHITES children have marked hypertrophy of the tonsils, with offensive secretion in them, and as a result they often complain of difficulty in swallowing.

They often suffer with a chronic blepharitis and their lids are completely stuck in the morning with the same sort of

gluey discharge; dried discharge adheres to the edges of the lids.

In spite of apparent fatness, they are flabby, and there is general muscular weakness. They are very easily exhausted; are sensitive to motion of any kind; and stand travelling very badly. There is a history of rheumatic pains, particularly affecting the neck and the lower extremities.

There is another GRAPHITES symptom which is sometimes useful in these flabby children- they are liable to attacks of abdominal cramp; this is not surprising in view of their constipated state. But in these GRAPHITES cramps the abdominal pains are relieved by giving the child hot milk to drink.

In the majority of cases, with the constipated stool they pass a quantity of mucus-stringy, adherent mucus. It links up with the type discharge from the skin surfaces, although it is not commonly yellow.

Another useful symptom, which is common, is that these GRAPHITES children have big appetites ; they are hungry children and are upset if they go long without food; they are better for eating. But in spite of their fatness and flabbiness, there is often a surprising and very marked aversion to sweets.

In typical GRAPHITES adolescents it is still more surprising because there is the same flabby, fat, soft adolescent with, instead of the ordinary cracks behind the ear or cracks at the corners of the mouth, they have an acute acne, and one of the questions to ask is whether they eat many sweets, and if it is a GRAPHITES case the reply is that they cannot stand them at all, which is sometimes a very useful tip.

Another point about the appetite in the young children, is that they have a definite dislike of fish. Fish is a normal constituent of a young child's diet, and it is easy to find out if they dislike it. Most of these GRAPHITES children do have a very definite dislike of fish.

Where considering children with chronic otitis, chronic discharge with an old perforation possibly with eczema of the external ear, another drug which must be considered is CAPSICUM.

Capsicum. [Caps]

The typical CAPSICUM child is again a fat, rather lazy, somewhat obstinate child who is very definitely clumsy in his movements - I have never seen a neat CAPSICUM child. Mostly they have rather reddish cheeks, but that is not constant; they may be pale and flush up much like the GRAPHITES child.

They tend to be very forgetful. They will be sent on an errand, and will come back without what they have been sent to get. It is partly lack of attention. They are always touchy, easily offended, easily irritated.

An odd feature in CAPSICUM children is a strange dislike of being away from home. I think it is partly their feeling that they are not appreciated, partly their touchiness, and partly laziness - they have to make an effort if they are away from home, they have to be more or less agreeable and at home they are very often quite unpleasant.

The CAPSICUM children are always rather dull; they are slow at learning in school, and their memories are poor.

These children tend to have local hyperaemias. In a typical CAPSICUM child with a mild earache the whole external ear bright crimson. A CAPSICUM child with rheumatism has usually one or other joint affected, with a localised blush over the affected area.

A CAPSICUM child with a cold gets very enlarged tonsils which are very hyperaemic - bright crimson - and the child complains of a burning heat in the mouth with intense thirst.

An odd symptom sometimes met with in these children with sore throats running a fairly high temperature, is that the child is very flushed, cross, sleepless and thirsty; wants cold drinks, and yet shivers after taking a cold drink. This has been seen repeatedly in a child who has a sore throat and is going on to definite mastoid symptoms.

Where there is mastoid involvement in a CAPSICUM case-and it is probably the most commonly indicated drug for mastoiditis there is always a marked tenderness over the mastoid process, and a blush on the skin surface long before there is fully developed mastoiditis.

One of the nuisances of these mastoid cases is that they usually blow up at night, the child becomes extremely irritable, sleepless, worried, the mother can do nothing with it; it is as obstinate as a mule; she sends for you, and you have to examine it by artificial light and cannot see the blush.

Time and again I have seen these CAPSICUM children at night and could not make out the blush at all, but next morning in daylight it was perfectly obvious.

Associated with the tenderness over the mastoid area is the general hyperaesthesia of the CAPSICUM case; they are sensitive to noise; sensitive to touch, and they have a hyperaesthesia to taste.

In the majority of these children with acute illnesses there is some degree of urinary irritation. It may be an acute cystitis with acute burning pain, intense, irritable pain on passing urine, and it is always of the same burning character. But even without the acute cystitis; in the majority of acute illnesses there is some urinary irritation, and it is always of a smarting nature.

In a child of this type, clumsy, rather red cheeked, rather sluggish, backward, with a chronic hoarseness and a history of having had acute sore throats-not quinsies, just acutely inflamed throats very often with transitory attacks of earache, not going on to mastoid involvement, the majority of these cases will need CAPSICUM. The next of the skin drugs in children is PSORINUM.

Psorinum. [Psor]

PSORINUM children are fairly common. The majority tend to be thin rather than fat. They are always sickly children; have very little stamina; are easily exhausted by any effort, physical or mental; very liable to become mentally confused used stress. They are rather dispirited, hopeless youngsters, and, like all children when they are out of sorts they become peevish and irritable.

They are unhealthy looking; they look dirty and unwashed. A PSORINUM child is hardly ever without a pustule of some sort some-where about the body. The skin in the child is very rough and dry. In the adolescent PSORINUM case it is much more commonly greasy. But whether in the child or the adolescent, on exertion PSORINUM. youngsters tend to sweat and they are always unhealthy and smelly.

The skin condition of PSORINUM is not unlike the GRAPHITES skin. There is a tendency for fissures to develop about the hands and in the folds, but there is not honey-like discharge of GRAPHITES. The discharge is watery or purulent, and it is always offensive.

In all PSORINUM skin conditions there is intense irritation. Many of these children suffer utter torture because they are intensely chilly, feel the cold very badly and are upset by it, but they have an intensely itchy skin and are driven nearly crazy by wearing crazy by wearing woollen clothes.

With this dirty-looking grey, rough skin, PSORINUM children are upset by washing, which greatly increases the irritation of their skin.

Most PSORINUM children, in spite of their thinness, have abnormal appetites; one of the constants of PSORINUM children is that any lack of food brings on a violent headache, very often a definite sick headache.

In a typical PSORINUM child with a skin condition the skin irritation is intense, and the child scratches its face until it bleeds. Between the scratches is an unhealthy pustular eruption, very often associated with a generalised blepharitis.

In the acute condition it resembles the GRAPHITES type, but it is much more intense than GRAPHITES, often with the eyelids slightly everted looking almost like raw beef. The child scratches all over the body, and again there is the same purulent condition.

There is the same type of eruption on the scalp, and PSORINUM children are never at peace, always rubbing their heads against the pillow. There is also a yellow, purulent nasal discharge, excoriating the upper lip and often a purulent foul-smelling otorrhoea.

This is the intensely irritant skin condition which only PSORINUM will cover, and for one may be tempted to give all sorts of other things.

For hay fever, associated with the typical nasal discharge PSORINUM is much the most commonly curative drug given in the interval. There is a very similar hyperaesthesia in the mucous membrane to that on the surface in PSORINUM children and a dose in the spring will wipe out hay fever of long standing. It does not help in the acute condition, but a dose given in the spring before the hay fever season starts, can stop fever altogether. PSORINUM has a spring aggravation.

There are two more common drugs to consider for skin eruptions. Firstly, ANTIMONIUM CRUDUM and then PETROLEUM, as the ANTIMONIUM CRUD. children with skin eruptions have the same marked aggravation from washing as the PSORINUM cases.

Antimonium Crudum. [Ant-c]

ANTIMONIUM CRUDUM children are very interesting. They are always fat, rather over weight, usually pale, and they have a very marked tendency to redness round the eyes, and moist eruptions behind the ears.

Mentally they interesting because they are such an apparent contradiction. They are irritable children, peevish, and they get more and more peevish the more attention they get-the kind of child that will cry if anyone looks at the more you attempt to soothe it the worse it gets.

The ANTIM. CRUD child has night terrors, and is cross and irritable; and the more the mother attempts to nurse it the worse it becomes. Walking it up and down drives it nearly distracted.

They, in contrast to that, they are very impressionable children, sensitive, easily upset emotionally, very liable to burst into tears from any emotional stress if their feelings are touched at all; and under stress they become pale and liable to faint.

ANTIM. CRUD children with skin eruptions tend to get very large, crusty, smelly eruptions-the typical crusty impetigo seen on a child's face. More cases of impetigo in children clear on ANTIM. CRUD than on any other drug in the Materia Medica. In adults also, nine out of ten cases of acute impetigo clear on ANTIM. CRUD.

All their skin eruption are very much worse from the application of water in any form, and become very inflamed and painful from exposure to radiant heat.

ANTIM CRUD children are very clumsy, and very jerky in their movements and may have have an actual chorea.

They suffer from warts on their fingers, either one or two small ones, or masses of warts which are usually flat not very painful Associated with the warty condition most of these ANTIM CRUD. children tend to have deformed nails-thickened and unhealthy looking.

Two other constant points about the ANTIM CRUD children Firstly they are very liable to get digestive upsets from any acids, sour fruits, or sour drinks. Secondly they have a soft, flabby, coated tongue usually with a white coating. It is like a MERCURIUS tongue with a white coating.

The outstanding points of ANTIM CRUD are not unlike PETROLEUM as far as the skin conditions are concerned.

Petroleum. [Petr]

But the majority of children with indications for PETROLEUM will be thin, rather than fat. Associated with the loss of weight in the typical PETROLEUM case the child has a very good appetite, and is very often hungry between meals.

PETROLEUM children are as irritable as the ANTIM CRUD children but from quite a different cause they are much more quarrelsome and easily take offence. The child is often quite bright mentally but is lazy at school does not want to work and is inattentive and forgetful.

They are almost always sensitive to noise and scared by any sudden loud noise which they do not understand. They are just as sensitive to cold as the ANTIM CRUD or PSORINUM children.

There are often signs of skin eruptions in the PETROLEUM children and the commonest is an eruption at the back of the ears, deep cracks oozing a yellowish, watery fluid very often these cracks split and bleed.

But the same type of crack appears in any place in the PETROLEUM child particularly in any fold at the corners of the mouth, at the angle of the nose, and very often there are similar around the anus, in the groins, or in the axillae; the fluid that oozes out forms thick crusts which are always very sensitive.

Almost all the PETROLEUM skin eruptions itch. They are more irritable during the day than the night, which is sometimes a help to distinguish them from SULPHUR eruptions.

PETROLEUM children are very liable to catch cold, and to have acute nasal obstruction, with an excoriating discharge, a tendency for the nose to get crusty, sensitive, bleeding and very often crusts form on the upper lip and round about the

sides of the nose.

With these nasal discharge there is also some deafness, with acute pain in the ear, and a sensation as if the Eustachian tube were blocked. They frequently have an otitis, with the same kind of watery, yellow discharge and very marked redness of the external ear an acute eczematous conditions with irritation and tendency to bleed.

Another link with the itching is very definitely itchy eyes. Often there is blepharitis with reddened margins, and cracks at the inner canthus, and an infection spreading down the lachrymal duct-they may even get an abscess in the lachrymal sac. Pus forms in the lachrymal duct and an excoriating discharge runs down the side of the nose, raw and bleeding, accompanied by acute conjunctivitis.

With the infective processes in the throat and nose these PETROLEUM children often have enlargement of the submaxillary lymph nodes.

Another thing very common to PETROLEUM children is a history of bladder irritation. It is often an enuresis, but much more commonly an acute irritation, it may be an acute cystitis, with the same sensation of rawness and smarting.

Another feature common to the PETROLEUM children is that after any exposure to cold they may develop acute abdominal colic and diarrhoea. And with the diarrhoea there is always a degree of inflammation about the anus and perineum, with a burning red raw eruption.

In cold weather the skin of their hands tends to crack, particularly on the finger tips, and these cracks are very sensitive, very painful to touch, with deep fissures which split open and bleed easily.

All these children have the typical PETROLEUM aggravation from motion that is to say, they get train-sick and sea-sick. If the child is pressed it is very liable to develop a severe occipital headache. That occipital headache is rather rare from mental effort, and it is a little difficult to cover, but PETROLEUM sometimes meets the case.

In cases of sea-sickness where there is doubt between PETROLEUM and TABACUM, which is the other common drug for sea-sickness, there is almost always that occipital headache as well as the sea-sickness in PETROLEUM, and the TABACUM types do not have it at all .

Sea-sickness with occipital headache calls for PETROLEUM every time. In prophylactic treatment against sea-sickness it is very difficult to decide between TABACUM or PETROLEUM, but the occipital headache of PETROLEUM children indicates PETROLEUM.

There are various other drugs for skin conditions in children but these are much the commonest. There is the possibility of SULPHUR because it is almost automatic in skin affections, but it is better to take SULPHUR under the next group.

Therapeutics- Childrens types by Douglas. M.Borland.

Condition [Group IV]

PULSATILLA. [Puls]

These are the "warm-blooded" drugs starting with PULSATILLA which is the most commonly indicated drug in children of this type.

PULSATILLA children are very typical. There are two main types. One is the very small, fine type, with a fine skin, fine hair, unstable circulation, liable to flush up from any emotion very often going pale afterwards; definitely shy, sensitive; always affectionate very easy to handle, and always very responsive.

The other PULSATILLA type, is much fatter with definitely more colour, usually rather darker hair, a little more sluggish in reaction, a little more tendency to weep than to be bright and gay as the smaller, finer type, craving for attention without much response to it, always asking for a little more.

If you get one picture clear you are apt to forget the other. The factor common to both types is their temperature reaction, all PULSATILLA children are sensitive to heat, they flag in hot weather lose their liveliness, lose their sparkle and energy.

They hang about, become either tearful or irritable, and are likely to get digestive upsets. But they are much more liable to be upset a sudden change to cold in a hot spell-that is to say they often get an attack of acute sickness or diarrhoea from being chilled in hot weather.

They tend to get cystitis, or to get earache. Sudden chilling during hot weather causes their troubles. Whilst generally they flag in hot weather, their acute conditions are much more liable to be brought on by chilling. In the same way they are upset by taking ice-cream in hot weather, this factor is quite as common as the ordinary PULSATILLA aggravation from too rich food.

Something one misses a case because of the odd reactions in a feverish attack. The PULSATILLA children get acute colds in the head, acute coryza, and with this they are shivery, and very chilly. With the coryza, there is a certain amount of gastric catarrh, a feeling of nausea, and they may actually vomit.

But, in spite of their chilliness, their sense of blockage in the head is better in the open air and worse in a stuffy room. A PULSATILLA cold always has a bland discharge.

There is sometimes an apparent contradiction they are very apt to get conjunctivitis, and in the PULSATILLA conjunctivitis the eyes are very sensitive to any cold draught, and water profusely in the open air. There is usually marked photophobia with itching of the eyelids, and PULSATILLA children are apt to get styes, affecting the lower rather than the upper lid.

A point that is sometimes a help in PULSATILLA earaches, which are very intense and usually brought on from exposure to cold, is a very violent pain, which spreads all over the side of the face as well as into the throat.

If the condition has gone a little further, there is feeling as of something bursting out of the ear, as if something were pressing right through the ear drum. Another thing is amelioration from cold-their earaches are better from cold applications.

PULSATILLA children are very often tired, edgy and sleepy during the day, and they become more lively as the day goes on, they are liable to get the PULSATILLA nervousness about sunset the ordinary sunset aggravation of PULSATILLA.

They become very lively towards bedtime, are slow in going to sleep, and once asleep tend to get nightmares, night terrors usually some kind of strife dreams-not necessarily being chased by the black dog of PULSATILLA-but always something worrying, terrifying. Most of these PULSATILLA children are afraid of the dark, afraid of being left alone, as one would expect in the shy nervous type of child.

One thing that will almost always produce a night terror in these children is listening to ghost stories in the dark before going to bed; you can be sure that will give a PULSATILLA child a nightmare.

Another useful pointer is that these children are very liable to become giddy from looking up at anything high. The only other drug that I know in which this is so marked is ARGENTUM NITRICUM which has an aggravation from looking down, but it has also an aggravation from looking up, but this is very much more marked in PULSATILLA.

The PULSATILLA child often lies with the hands above the head and this is a useful pointer, although it is by no means constant.

Kali Sulphuricum. [Kali-s]

When considering the hot-blooded child of PULSATILLA type, the next thing to consider is whether it is PULSATILLA or KALI- SULPHURICUM. Kent says that KALI SULPH. is merely an intensified PULSATILLA. I do not think it is .

The KALI SULPH temperature reactions are identical with the PULSATILLA ones, the child is sensitive to heat it flags in the hot weather, cannot stand stuffy atmospheres, is better in the open air, tends to stagnate if keeping still, and is better moving about. It has an aggravation from rich food; and is liable to be upset by sudden changes of weather. But there is a distinct difference.

The KALI SULPH child is much more flabby than the PULSATILLA child, it certainly does not approach the thin fine type of PULSATILLA although it approaches more to the sluggish heavier type of PULSATILLA. Its muscles are flabby, it is easily exhausted by muscular effort. It is more liable to sit about, and has a much more sluggish reaction generally.

There is more obstinacy in the KALI SULPH. type than in the typical PULSATILLA. The PULSATILLA child may be irritable, it may flare up in a temper but it is over; KALI SULPH. is much more liable to be obstinate.

Also the PULSATILLA children are shy, but the KALI SULPH. children tend much more to have a lack of confidence in themselves-it is not shyness. They are lazy, they dislike work and there is not the keenness and interest of the PULSATILLA children.

The KALI SULPH children are not bright they get tired out by mental exertion, whereas the PULSATILLA children are very often bright and sharp and do quite well at school.

There is a certain similarity in that they are both nervous, both afraid of the dark, are very easily frightened, easily startled at strange noises, strange surroundings.

The typical KALI SULPH child tends to be more sickly than the typical PULSATILLA child. The PULSATILLA child may not be strong, but the KALI SULPH. child tends to have less colour and if flushed it is much more a circumscribed flush on the cheeks rather than the variable circulation of the PULSATILLA.

Another thing that indicates KALI SULPH rather than PULSATILLA is that nearly all KALI SULPH children have a yellow-coated tongue, particularly the root of the tongue although the coating may spread right over.

Another point which helps is that there is a slight difference in the type of discharges. The typical PULSATILLA discharge is a thick, creamy, non-irritating discharge. The typical discharge in KALI SULPH. is a much more watery, more stringy, yellowish discharge.

As far as liability to actual acute illness is concerned, PULSATILLA is more often needed for acute gastric catarrh, acute gastritis, acute colic and diarrhoea; but if the gastritis has gone on to a jaundice in a PULSATILLA child the indications are more for KALI SULPH than for PULSATILLA.

With a PULSATILLA type of child who has caught cold and developed bronchitis which has gone on to a broncho-pneumonia with the ordinary PULSATILLA indications, that is to say, aggravated from stuffy room, relief from air, sense of suffocation possibly a loss of voice, very dry mouth without much thirst, with a yellowish, watery sputum and probably patches of consolidation at the left base-left base more commonly-the response is better from KALI SULPH than from PULSATILLA.

With a PULSATILLA child who has whooping cough with a lot of rattling in the chest, and the ordinary PULSATILLA modalities, KALI SULPH. does more good than PULSATILLA.

That is perhaps what Kent means by saying KALI SULPH is PULSATILLA intensified-in these acute conditions the symptoms are very similar and yet the more severe the condition the more definite are the indications for KALI SULPH.

It is sometimes useful to remember that the heavy PULSATILLA child is liable to go on SULPHUR whilst the finer PULSATILLA child is much more liable to become chilly and go on to SILICEA or PHOSPHORUS.

I usually give PULSATILLA in low potency in chronic cases. They are mostly sensitive children, and where you are dealing with the sensitive type you do not want a high potency. When dealing with bovine types I go high, but in a sensitive type like PULSATILLA they blossom on a 30 potency. PHOSPHORUS is exactly the same, PHOSPHORUS children respond beautifully to lower potencies.

I have found very good results from ANTIMONIUM CRUDUM 12, repeated three times a day for two days, in impetigo. With CALC CARB or GRAPHITES I would give a high potency every time-a 200, or higher, as one is dealing with an insensitive type.

Sulphur. [Sulph]

From the point of view of children, there are two definite SULPHUR types. Much the commonest is a fairly well-nourished, well-grown child, always with a definitely big head. They are usually fairly heavy in build and rather awkward and clumsy in their movements.

They are apt to very coarse, strong hair, and always a fairly high colour. Their skin tends to be roughish, it will roughen in a cold wind, and they sweat easily. They tend to have rather red extremities, red hands and very often red feet. They always have the red lips, very often red ears, and they easily run to redness of the margins of the lids.

That is one of the exceptions to the coarse hair, because that type of SULPHUR child very often has poorly developed eyelashes; they have had repeated attacks of blepharitis they have crusty eruptions about the eyelids which they have picked and scratched and consequently the eyelashes tend to be undeveloped or poor.

The other SULPHUR type which is usually thin, with a fairly big head but rather spindly legs, very often with a bigish abdomen, rather poorly development chest, very often not so much colour, tending to be paler, with a definitely rougher skin.

They type has a drier, coarser skin, with a very marked tendency for the skin to split, to crack on exposure, and the child is rather more miserable generally. The child looks more seedy, has less vitality, is more easily tired and always stands badly.

The heavier SULPHUR type have much more bite about them, they tend to be quarrelsome, impatient rather critical, fault-finding discontented, very often generally dissatisfied; are apt to feel they are not getting a fair deal, often feel they are being under-estimated.

They are lazy, but it is often very difficult to say whether it is real laziness or lack of stamina, because they do get tired out on exertion. They have a great dislike of interference, they think they know how to do thing, they know what they want to do, and strongly resent their parents butting in, they think would make a better show of it if they were left alone.

The thin SULPHUR type, are much more inclined to be miserable, low spirited. They have much less vitality much less bite about them. There is the same sort of resentment of outside interference, though it shows itself differently. These thin SULPHUR children are liable to weep, and any attempt to comfort them is apt to annoy them, and they will turn on you.

These thin SULPHUR children have even less stamina than the fat ones, they are more easily exhausted and, like all SULPHUR patients, they cannot stand for any length of time. They stand badly in the ordinary instance, and if they are kept standing they go to pieces.

There is one outstanding characteristic of all SULPHUR patients, whether children or adults, and that the is they have a large appetite-it does not matter whether they are fat or thin and their appetite is well-defined in its likes and dislikes.

All SULPHUR patients have a desire for something with definite taste; they like highly seasoned, spiced foods, and they have a very marked desire for sweets.

Occasionally a SULPHUR patient will crave salt, but it is not really a salt craving, it is much more something with a taste. Another point about SULPHUR children is that they have an almost perverted desire for out-of-the-ordinary food, the unusual dish that the average child dislikes, the SULPHUR child eat with relish.

Another constant feature in both children and adults is that they are always very sluggish after meals, they get heavy and sleepy, they want to lie about and are irritable when disturbed.

One very useful pointer about SULPHUR children is that they are liable to get digestive upsets from milk. The small SULPHUR baby very often gets sickness, and may get diarrhoea and vomiting from milk, and this marked aggravation is often overlooked.

The next thing that is constant to all SULPHUR patients is the skin irritation. Most SULPHUR patients have irritation of the skin somewhere, and it is characteristic. It is very much worse from warmth of any kind; warm room, warm bed, warm sun, warm clothing, all start up the SULPHUR irritation.

When the irritation is present they get definite comfort, and sometimes a peculiar sensation of pleasure, from scratching and occasionally the scratching does relieve the irritation. It always tends to be much more troublesome at night, quite apart from being hot.

When they are about, active and occupied during the day the irritation does not worry them much, but when they are at rest in the evening or at night the irritation tends to become much worse, and much more worrying.

SULPHUR has every skin eruption known to the dermatologist. The point that distinguishes it as a SULPHUR eruption is the reaction to temperature, and the fact that it always irritates. It is an intense irritation that they cannot leave alone; they describe it in various ways - itching, feeling of animals crawling over the skin, sensation of stinging nettles, any description that fits an intense irritation of the skin.

In addition to the general irritability these children tend to get very marked irritation of all the orifices - nose, ears, mouth, urethra, anus - any orifice tends to be congested, red, hot and itchy.

In all acute or chronic conditions they tend to have a red-coated tongue, with very red tip, and very often a red margin running along the sides, not unlike a RHUS TOX. tongue. Most of these SULPHUR patients have a dry mouth, a hot mouth, and they are thirsty. This applies more in acute conditions than in chronic.

Another point which is sometimes helpful in the SULPHUR type children. SULPHUR patients are always aggravated by heat, but one is apt to forget that SULPHUR patients have unstable heat mechanism; they are very liable - certainly in feverish conditions - to waves of heat and also waves of chilliness.

Very often they get extremely hot, break out into a sweat and become shivery - very much the type of condition associated with MERCURIUS. Covered up they get hot and very uncomfortable; but when uncovered they feel a draught on the skin and are immediately chilly. But do not overlook SULPHUR because the child does not want to be uncovered all the time.

Another constant in the SULPHUR patient, no matter what the condition whether it is a skin eruption, or a child with rheumatism, or a child with a tummy upset, no matter what condition. It is aggravated by bathing. And SULPHUR children nearly always look dirty.

Some children may at first sight appear to be not unlike CALCAREA children, that is to say, they are heavy, with big heads, are rather pale with a tendency to flush, have rather big bellies, and are clumsy; but they have not the CALCAREA chilliness, they are hot-blooded, and have a very marked tendency to the development of blackheads all across the forehead.

These children are nearly all SULPHUR cases. They have rather paler lips than the average SULPHUR child but, particularly with blackheads scattered over the forehead, always consider the possibility of the child being a SULPHUR type.

Another contradiction sometimes met with in SULPHUR children is that they have disturbed areas of heat; they have hot heads and cold hands, or hot hands and cold feet; or hot feet and cold head - very often cold, damp heads - local disturbances of heat and cold as well as general disturbances of heat and cold. A child with cold does not automatically rule out SULPHUR because the child does not put its feet out of bed.

Typical of SULPHUR subjects is sluggishness. They are better for exertion; better when they are stimulated and better when they are moving about. Some SULPHUR patients can be very lethargic, dull, uninteresting people but if they are stimulated in the proper kind of society they wake up; they are clever; and you would not recognize them as the same beings.

It is the same with SULPHUR children; badly handled they are dull heavy, cross, irritable; and properly handled they can be bright interesting, quite friendly, and very often clever. Some of the SULPHUR children have a most astonishing command of languages.

A fairly constant characteristic of all SULPHUR children is constipation. This majority of SULPHUR children suffer in some degree from constipation and very often it is quite severe. Associated with that is an enlarged abdomen, frequent enlargement of the liver, abnormal appetite, sleepiness after meals and a very definite tendency to attacks of colic.

The above applies more to the heavier SULPHUR type, the thinner type is more liable to get attacks of ordinary SULPHUR modalities, that is to say, diarrhoea tending to come on early in the morning any time after four a.m. and the stool is always offensive.

The other constant SULPHUR characteristic is an offensive odour. Discharges, eruptions, perspiration all are malodorous, and the SULPHUR child is very difficult to get clean and wholesome.

Another feature often met with in SULPHUR child is that they are often heavy and lethargic and sleepy during the day, and very sleepless at night; also they are liable to get most terrifying nightmares. These are most constant in character, but the child is always being frightened, very commonly being terrified of fire or something of that sort.

Another point which occasionally occurs in a SULPHUR child. It is quite lively in the evening, slow getting to sleep gets off to sleep, and wakes up soon after in fits of laughter. It is odd symptom, and always in SULPHUR children. Also they get a hungry period about 11 a.m., and all SULPHUR children are liable to be seedy, headachy irritable and tired out if they have to wait for their meals.

Nearly all the actual acute diseases from which they suffer are associated with some skin irritation. SULPHUR is commonly indicated in acute styes with intense irritation of the lid margins, the lids are very hot and burning, aggravated by heat, and particularly aggravated by bathing - they smart and sting if an eye bath is used.

There are commonly indications for SULPHUR in chronic nasal discharges; in these children with a nasal discharge there is always the same SULPHUR offensiveness. The discharge is always excoriating, there is a redness about the nose, with intense irritation, the children tending to pick at it until it is raw and bleeding.

SULPHUR children often get chronic tonsillitis, a deeply injected throat, very swollen, feeling very hot, with very offensive breath. And most SULPHUR children with tonsillitis tend to get masses of glands in the neck - more than ordinary tonsillar gland enlargement and it tends to spread, and involve particularly the submaxillary glands. The tonsillitis is accompanied by irregular heat and cold, shivering attacks, sweaty attacks and thirst for cold water.

There are indications for SULPHUR in chronic conditions, chronic ear discharge, with the SULPHUR characteristics the excoriating, offensive discharge, redness about the external ear, intense irritation; the aggravation of any pain from hot applications, particularly hot fomentations.

Chest conditions in SULPHUR children vary from a mild bronchitis to an acute pneumonia; and again certain features are constant. A tendency to waves of heat and sweat very often occasional shivers, very often burning extremities, and a very definite heavy smell about the child.

There is one constant feature that runs through all SULPHUR chest conditions, it is a very marked sensitiveness to lack of oxygen - they cannot stand a stuffy atmosphere, they want plenty of air, and yet they are chilly in draughts. The disturbance is more commonly on the left side of the chest than on the right, but it is too slight a difference to be of much importance.

SULPHUR is one of the most commonly indicated drugs in jaundice of children - acute catarrhal jaundice - particularly with the marked intolerance that SULPHUR has to milk in its acute conditions, intense skin irritation, feeling of burning heat on the surface very often with attacks of colic, frequently with attacks of diarrhoea. A SULPHUR diarrhoea produces an excoriating discharge, redness and rawness about the buttocks, intense irritation, scratching.

The thin type of SULPHUR patient often suffers from acute rheumatic conditions with the usual characteristics - irregular sweats, feeling of heat, thirst, red tip of the tongue. The actual painful condition is worse from heat, it is rather more comfortable from cold, it is very much better from movement, although it is painful when starting to move; and there is liable to be a red blush of the affected joint. There may also be a history of the attack having been precipitated by bathing, either sea-bathing or swimming.

The desire for fat is very variable in children. It is very common in adults, most adults SULPHUR cases want fat with

hot roast beef, for instance but it is by no means so constant in children. Some do not like fat. If they do it is a help, but it is by no means constant. A number of adults also do not want it.

Butter does not come into the fat craving at all. The majority of PULSATILLA patients with a definite aversion to fat, like butter and like cream; but they dislike meat fat, and particularly hot fat. Many PULSATILLA patients will eat fat cold but not hot. But most PULSATILLA patients will take butter, very often in large quantities.

The tendency to sweat is constant in the fatter type of SULPHUR the thinner types usually have a dry harsh skin and do not tend to perspire.

Another thing which is sometimes a help about SULPHUR children is that they are extremely pleased with their possessions. The SULPHUR child's toys are the best that could be, and the SULPHUR child's family is the best ever. They also have an astonishing money sense; quite a small child has a very definite sense of values.

SULPHUR is not nearly so often indicated as it used in urticaria. But is very commonly indicated in urticaria in children, particularly if associated with digestive upsets. Children respond well to any potency and most SULPHUR children respond very well to a 30 OR 200.

Thuja. [Thuj]

To continue with the PULSATILLA type of drugs, although majority of these are hot-blooded drugs, there is one other that is always associated with PULSATILLA and that is THUJA, although it is chilly in its reaction.

It is a little difficult to give a mental picture of the typical THUJA child because in the majority of outstanding cases there is an element of mental deficiency. In many THUJA children there has been some mental deficiency, some merely backward, some actually deficient.

In some there is an obvious pituitary dysfunction, and that tends to colour one's idea of THUJA. But there are THUJA children who are not mentally defective and who have not got a pituitary dysfunction, and that type of child is very like a PULSATILLA child in reaction.

The outstanding characteristic of the THUJA child is the fact that it is sensitive; sensitive to people. It is responsive to any kindness; it is conscientious in what it does, and it is easily upset emotionally. And there the first strong indication comes in: THUJA children have a peculiar sensitiveness to music and this is one of the things commonly associated with mentally defective children.

Eighty per cent of the mentally defective children that I have treated have been abnormally sensitive to music. Much more sensitive than the average child; and even in the normal child with THUJA indications you get this emotional sensitiveness to music. They are affected by it; they may even weep from it. Associated with that emotional disturbance THUJA children have a sadness a depression, very like the PULSATILLA depression.

The THUJA children, even the mentally defectives are astonishingly conscientious. They are very often sensitive to motion, are very often car-sick. Another symptom is a strange contradiction often found in a perfectly lively child- they are apparently keenly interested, and yet have a strange hesitation in speaking. a difficulty in finding the words they want , or a difficulty in saying them.

Very often the difficulty in speaking gives the impression that the child is slow mentally, when it is not really slow, it is really seeking words. That may go on to a definite disinclination to talk; they are rather silent and appear to be rather heavy.

The majority of THUJA children are rather under than above average height, many are definitely small and rather finely built. Thuja applies equally well to either fair-haired or dark- haired types. A definite factor is that they appear to get wakened, the more active they are. If they are made to sit about they become dull, heavy, and depressed, but any activity brightens them up mentally.

Another common feature in many of these THUJA children is very faulty development of the teeth; with irregular dentition, and very early decay. The enamel of the teeth is definitely faulty in places.

THUJA children are sensitive to cold, although they are mostly better in the open air. They are very sensitive to damp and liable to be much worse in the morning.

Most THUJA children perspire on exertion, and even when they are not exerting themselves they mostly have a rather

greasy skin which is more commonly noticed in the dark-haired type than in the fair. Some fair-haired THUJA children have a rather fine skin, and very often a downy growth on the skin, particularly on the back.

THUJA children do not stand up well to mental stress. They are liable to get a typical acute neuralgic headache under stress, from getting over-tired or over-excited, and the point about the neuralgic headache is that it very often picks out definite areas which are extremely painful and very often extremely sensitive.

These children tend to get chronic catarrhal headaches. They get thick, purulent, yellowish-green nasal discharge, possibly with crusts in the nose and bleeding. They are liable to chronic otitis media, and may develop a mastoiditis with very severe and localised pain, and tenderness over the mastoid region. If they are old enough they will tell you it feels as if something were being bored into the mastoid bone.

Another common feature of THUJA children is a poor digestion. The typical picture of the pituitary child with an almost pendulous abdomen is an extreme example, and these children are extremely liable to develop a chronically irritated caecum.

Often there is a full, boggy caecum in the right iliac fossa, with a history of recurring attacks of diarrhoea; and the diarrhoea is fairly characteristic. It consists of pale greasy, almost fatty stools and these are always passed with a good deal of flatus; and the attacks are accompanied by a lot of gurgling in the abdomen.

Very often these children give a history of having crops of warts. The THUJA warts are soft and bleed very easily on handling if knocked the surface may break and bleed.

THUJA patients sweat on the uncovered parts. A girl of about twelve years of age was stripped to be examined, and the sweat poured off her when her clothes were removed. She was not sweating at all when covered. Occasionally that odd symptom of sweating when uncovering is found, but usually THUJA children are chilly and shivery when uncovered.

A particular case was of interest because there was rare bony deposits in the muscles in quite a young child, and she did very well on THUJA. The first pointer to the possibility of THUJA was the odd sweating when uncovered.

The other constant THUJA feature in children is their strange susceptibility to onions. They are very liable to gastric upsets, and an attack of diarrhoea from eating onions, cooked or raw. Another common symptom, although not met with in young children, may occur in the adolescent—they are liable to get acute digestive upsets from tea.

A history is also a great help in deciding on THUJA.

Bromium. [Brom]

The next common warm-blooded drug is BROMIUM. It is one of the drugs which is very frequently missed. The common BROMIUM type of patient is usually over-fat, fair skinned, fair-haired, and the majority are friendly, cheerful, fairly happy types.

There there are contradictions. The fairly cheerful happy friendly type, are very easily put out, and if upset they very commonly flush up, and explain that they get a feeling of heat and tension in their heads.

They become nervous, anxious, very often frightened, in the evening, very much about the PULSATILLA time. They do not like to walk home in the dark and have the impression that somebody is following them, and they get scared very much like the symptom of PULSATILLA—they look not unlike PULSATILLA, and occasionally bouts of depression in the BROMIUM patient are not unlike PULSATILLA. But BROMIUM is a much more placid depression, much more a melancholy outlook than the acute tearfulness of the PULSATILLA.

The BROMIUM patient is a rather fat, fair type tending to run to crops of boils, either acne about the face or over the shoulder, and an adolescent needing BROMIUM always has some acne spots about.

There are further symptoms very like PULSATILLA. They are very sensitive to heat, uncomfortable in the sun and definitely uncomfortable in a hot room. They are better for motion and for exercise; and better in the open air.

By contrast the typical BROMIUM patient is very much better after food, whereas the typical PULSATILLA patient is heavy after a meal; and another contrast - in spite of the fact that they are better in the open air, they are sensitive to draughts.

The majority of the BROMIUM cases are of two types, one with chronic catarrh of the upper passages, the other the

typical acute hay fever.

Taking the catarrhal type first, the child with chronic hypertrophy of the tonsils, not the type who is liable to recurring quinsies, but one with an enlarged fibrotic tonsils, and often with a general enlargement of the submaxillary glands which tend to be hard, and tend not to break down.

With the chronic tonsils they are liable to acute attacks of catarrhal extension to any of the sinuses, and in BROMIUM cases it is more commonly the frontal sinuses that are involved, rather than the antrums; with the involvement of the frontal sinuses the patients complain of intense pain, fullness, and a feeling of swelling at the root of the nose.

The nose feels choked up, and there is a thick, yellow purulent discharge, and if any violent effort is made to clear the nose the discharge is liable to be bloodstained. Another point about that type is a thickened rather inflamed, reddened upper lip.

Occasionally one of these children will get an attack of very intense croup, with a sensation of tackling in the larynx. The very violent croupy cough, goes on almost to suffocation, and is relieved by cold drinks. They may complain of a feeling of pressure, or constriction, of the throat, and the larynx in these cases is usually very sensitive to touch. There may also be the typical BROMIUM hoarse voice.

BROMIUM is useful for the fat, warm-blooded child, with rather hypertrophied tonsils, who gets an attack of hay fever coming on usually about June; rather later in the BROMIUM child than in many of the others. Some start in the middle of May, but the BROMIUM cases do not usually start until June. The outstanding characteristic of the BROMIUM hay fever is an extreme hyperaesthesia of the mucous membranes and dust of any kind will set up an acute attack during the irritant period.

One small boy had a typical BROMIUM hay fever, and if he went into a room which was being dusted would start a violent attack right away, quite apart from any exposure to irritant out of doors. A few doses of BROMIUM completely stopped it.

These BROMIUM hay fever cases may get asthmatic attacks which are fairly typical. They get very sudden spasmodic attacks with a sensation of extreme constriction of the chest, and extreme difficulty in swallowing. Another point is that although their apparent hay fever does not entirely subside at the seaside their asthma entirely goes.

Another type in which BROMIUM is very useful is similar, the child is fat, tonsillar, sensitive to heat, with a definitely sluggish tendency and in addition there are generalised rheumatic pains, a type of muscular rheumatism. They are also very liable to cardiac affections, more likely a poorly acting cardiac muscle than a definite valvular lesion, but in some cases there is definite cardiac hypertrophy in that of child and they have improved very much indeed on BROMIUM.

The constant in all these cases is the feeling of constriction in the chest, feeling of tightness or constriction over the heart. Another constant is that feeling of constriction has developed when they have been facing any wind; there is also the sensitiveness to draughts which is particularly noticeable in BROMIUM heart cases.

Iodum. [Iod]

The majority of the IODUM children are dark-haired and rather dark-skinned, and intensely restless. They are very thin children, never still, always on the move, wandering about, fidgeting, restless; this an outstanding feature of these cases.

On questioning you will be told that these children are definitely irritable, and their irritability is characteristic. They are perfectly happy playing with other children and then suddenly, apparently for no reason, they break out into violence. very often they are playing perfectly happily with a brother or sister and suddenly they pick up something and hit them.

It is that sudden impulsive irritability that is the typical IODUM mental characteristic. very often after such an attack of irritability, the child is extremely depressed, not weepy but just silent, depressed, rather losing interest in things.

These children usually have very large appetites ; they are hungry for their meals, and they are hungry between meals. They become utterly exhausted if they go too long without a meal, and are very liable to get headache for hunger. Although these children eat well they can never be fattened ; they remain thin, and may actually be losing weight.

IODUM children are very sensitive to heat of any kind, hot rooms, hot sun, hot fire, hot baths; heat in any form aggravates the typical IODUM child.

These IODUM children often have a rather inactive skin. They get attacks of acute infection of the nose, with a

tendency to spread into the frontal sinuses, and with such an attack there is an irritant, watery discharge, and a feeling of obstruction at the root of the nose, and it is tender on pressure.

Frequent with the coryza there is a very hot discharge a tendency to sneeze, and with the discharge always very watery eyes. There may be a history of repeated attacks of that sort, followed by development of typical asthmatic breathing. With these thin children with a good appetite, with that sort of history, and with asthma which is definitely better in the open air, IODUM will usually meet the case.

These IODUM children with that kind of extending catarrhal infection very often get a degree of deafness which is usually associated with a chronic eustachian catarrh.

Another feature of IODUM children of that with catarrhal infections, is in involvement of the larynx. They are very often hoarse, and have a painful larynx, which is tender on pressure. With the laryngitis they are apt to get acute croupy attacks which are extremely painful. One of the distinguishing points about these croupy attacks is that the child gets very hot and has an intensely hot dry skin.

Very often in these croupy attacks the child is terrified. They could be mistaken for croup of ARSENICUM type; there is the same feeling of heat, the same burning in the larynx, the same kind of restlessness and anxiety, the child is very often terrified, and there is the same kind of choking feeling. But the ARSENICUM child is chilly whereas the IODUM child is hot and wants air. THE ARSENICUM child will perspire slightly; the IODUM child will be dry and hot.

IODUM children are very liable to get all sorts of abdominal disturbances. Most of which are associated with very typical diarrhoeic attacks, with very frothy, fatty, whitish stools, and may be associated with enlarged mesenteric glands; they may be associated with a general enlargement of the liver and spleen without any very definite blood change ; or with definite pancreatic dysfunction, with the typical pancreatic fatty stool, and there may be glycosuria.

The IODUM children with a fair amount of colour, quite bright red cheeks, are very liable to get rheumatic symptoms. It is usually an acute rheumatism, with violent pains which are eased by moving, and are very much worse from heat. The pains are usually very sharp and stabbing in character, and there may be a pericarditis with very acute sharp pericardial pain.

One thing about the pericardial cases, is apparently a contradiction to the ordinary IODUM restlessness and relief from motion, the chest pains are aggravated by moving, the pains are brought on and are made more acute by movement.

It is very easy to confuse the rather dark skinned, flushed type of patient, rather depressed, with sharp, stabbing pains which are worse from motion, with a BRYONIA case. They are both worse from heat, but there is not the typical BRYONIA tongue in the IODUM patient, not the intense thirst as a rule. Most BRYONIA cases are more dull and heavy whilst the IODUM patients are more mentally alert. There is usually a complete aversion to food in the BRYONIA cases, and very often a surprising amount of hunger even in the acute IODUM condition.

There is certain similarity between the IODUM child and the BROMIUM child, but it is an entirely different type. The various symptoms are very much alike, but once the type of child is recognised it is not possible to confuse them. IODUM can easily be confused with SULPHUR but there is not the intense irritability of skin, the intense itching, in a similar type of SULPHUR.

One other feature of IODUM quite frequently met with in rheumatic cases, is a history of an acute diarrhoeic attack immediately preceding the rheumatic attack.

Abrotanum. [Abrot]

The clinical picture of the ABROTANUM small baby is characteristic of a congenital pyloric stenosis. The child is emaciated with a dehydrated wrinkled skin which when pinched up, does not return to its normal state. It has an inordinate appetite because it is vomiting all its food, and is hungry all the time. It has a comparatively big abdomen and spindly legs, it is always cross and peevish as it is being starved. It is usually chilly, is very often sensitive when handled, and it is tender to touch.

In these ABROTANUM babies there is not infrequently a delay in the healing of the umbilicus after the cord has dropped off from lack of vitality and lack of nourishment. Several cases who either had a pyloric stenosis or spasm, recovered perfectly on ABROTANUM. Another had a pyloric stenosis, lost all symptoms for a period of four weeks after receiving ABROTANUM, but relapsed and was operated on, had a typical pyloric stenosis and completely recovered. Whether the others were really a spasm, or a true stenosis is not known, but three with a diagnosis of pyloric stenosis did recover with ABROTANUM.

An older type of ABROTANUM child is also a hungry child, with an inordinate appetite, and again it is thin child. it always has a tendency to recurring attacks of diarrhoea, usually attacks of diarrhoea alternating with rheumatic pains, and always with a certain amount of in-co-ordination, clumsiness, tremor, probably a certain amount of numbness in the hands, feet or legs.

The child cannot be trusted with any valuable china or it will knock it over or drop it; it is verging on a chorea. They are usually rather peevish and bad-tempered, and very often have a strangely cruel streak in their make-up. These children are definitely chilly; they are aggravated by cold, and by damp; and their rheumatic pains are liable to be very worse at night than during the day.

Fluoricum Acidum. [Fl-ac]

The last of the hot-blooded drugs mentioned earlier is FLUORICUM ACIDUM. The majority of FLUORICUM ACIDUM types, both children and adults, are fair haired and fair skinned. At first sight they are not unlike the SILICEA children. They are rather thin, underweight, usually fairly fine-boned, fine-skeletoned.

Not unlike the SILICEA types they have a yielding disposition, but none of the SILICEA irritability. They are very often extremely patient, and unlike most of the drugs in the Materia Medica they often have a strange enjoyment of life, and find it very pleasant indeed; quite simple things seem to give them an inordinate amount of pleasure. That is the normal peaceful state.

Mentally they are not unlike the SILICA children in that they are very easily tired by mental concentration. They get headaches or brain fag at school, and are not exceptionally bright as far as book work is concerned.

A surprising feature of the FLUORICUM ACIDUM type of child, is that they are liable to get quite pointless and unreasoning hatreds of one or other individual in school. It is weird difference from the ordinary child's make-up which is striking. It applies to adults as well.

Unlike the SILICEA children, they are better from physical exertion. Playing games does them good, it wakes them up, they are better for it. The SILICEA child will be tired out by it. Like the SILICEA children, if they are kept standing for any length of time they get faint, headachy, and tired out. Again, unlike the SILICEA children, they usually have a good appetite, and get hungry between meals, with hunger headaches.

Quite a number of these FLUORICUM ACIDUM children need extra food at school in the middle of the morning or they finish the morning with a headache. They wake up hungry in the middle of the night unable to sleep unless they have something to eat, and in spite of the amount of food they eat they are still fairly thin. But many FLUORICUM ACIDUM children are not markedly thin or under-weight. Their type is small and fine but not definitely under-weight.

With their big appetites, they have a desire for highly-seasoned food, it does not matter very much what it is as long as it has a strong taste.

All the FLUORICUM ACIDUM patient are sensitive to heat; they are worse from hot rooms, from hot sun, from too many clothes and from too many blankets at night. A FLUORICUM ACIDUM child who comes home school with a slight headache, rather a flushed face feeling extremely hot, can very often get rid of the headaches by putting his head into a basin of cold water, or by bathing his face with cold water.

Another factor in FLUORICUM ACIDUM children is that they get a headache if at all constipated. These children also get the typical FLUORICUM ACID headache from being unable to get out of school to pass urine; again it is the same type of congestive headache.

Some of these FLUORICUM ACIDUM children have the fine hair associated with the SILICEA child, but with a tendency to patchy bald areas, without an definite skin disease. It is patchy areas of thinning of the hair rather than actual baldness.

Another feature associated with the FLUORICUM ACIDUM child is very faulty dentition, very poor enamel of the teeth, liability for the teeth to decay early, and very often abscesses at the roots of the teeth. FLUORICUM ACIDUM children rarely have a really sound dentition and associated with that is the other important characteristic-unhealthy finger nails which are brittle cracked and splintered.

Another feature is that they have red, sweaty palms to their hands and very offensive foot sweat, which tends to make the feet hot and sore. Another pointer to a possible FLUORICUM ACIDUM patient is a dry, red, fissured tongue.

The majority of these children have digestive upsets or a tendency to a breakdown at school, or rheumatic conditions. The outstanding point about the digestive upsets is a tendency to attacks of diarrhoea; there is a liability to acute gastritis, and jaundice, and all these digestive upsets are very much aggravated by any hot drinks.

The typical FLUORICUM ACIDUM child with diarrhoea will get a violent attack after any hot drink, which is very often a useful pointer to the FLUORICUM ACIDUM case. In acute attacks they are liable to run a fairly high temperature, with a feeling of intense heat and complete intolerance of any bedclothes.

In their breakdown at school, apart from headaches from concentration-the type of congestive headache which is better from cold bathing-one constant feature is that they make mistakes in writing. They transpose words, transpose letters and the mistakes seem most senseless. The teachers complain it is pure inattention, and say the child could not make such mistakes if it were paying attention; but the child cannot help it.

Their rheumatic complaints have the ordinary FLUORICUM ACIDUM temperature aggravation, and the pains are very much worse when keeping still and better by moving about.

Another symptom of the FLUORICUM ACIDUM child who is tired out at school is a feeling of numbness in the arms or legs. An odd thing about this numbness is that it does not come on from pressure; even when the child is still the arms and legs are liable to become numb.

The diarrhoeic attacks of FLUORICUM ACIDUM are always irritant diarrhoeas; there is a good deal of peri-anal irritation and possibly a number of painful peri-anal fissures.

FLUORICUM ACIDUM is really a hot-blooded SILICEA, with amelioration from motion, and with a cheerful outlook instead of the flat tired outlook of SILICEA types.

FLUORICUM ACIDUM and PULSATILLA patients are not easily confused for the PULSATILLA types are usually very much heavier in build, they have much less tension about them, are softer both mentally and physically. There is not the activity in PULSATILLA of the FLUORICUM ACIDUM case, they have a slower brain, are much more yielding, much less active. The PULSATILLA patient gets tired out with exertion, and the FLUORICUM ACIDUM patient is rather stimulated by it.

PULSATILLA is aggravated by exposure to cold water, gets chilled; the FLUORICUM ACIDUM types will bathe in cold water and it will wake them up. It is very much a question of degree; in one the patient is more taut, the other is gentle, yielding depressed.

FLUORICUM ACIDUM will suddenly get irritable, much more violently irritable than PULSATILLA, will strike when the PULSATILLA would probably break out into wrath and then weep. FLUORICUM ACIDUM is very much more like PHOSPHORUS, much more intense mentally, more active, more alive than PULSATILLA.

Therapeutics- Childrens types by Douglas. M.Borland.**Condition [Group V]****Arsenicum Album. [Ars]**

The last group of drugs includes all the outstandingly nervy children, and the key to the whole group is ARSENICUM ALBUM. ARSENICUM children are possibly the most attractive of the children. They are very highly strung, usually finely made, finely built, often with a very fine skin and fine hair; they are delicate-looking children.

They are always very nervy, very easily scared, very easily frightened, anything unusual will frighten them, they are afraid of being left alone in the house, afraid of going out alone, terrified of the dark, and they always have a very vivid imagination. They suffer from night terrors and wake up in the middle of the night terrified, jump out of bed and wander through the house to find somebody to talk to.

It is always the feeling of some horrible occurrence hanging over her, very often she does not know what it is and is just terrified. When comforted and consoled, she will quieten down and go to sleep again, particularly if taken into the parents bed and has somebody near.

They are usually of a variable colour and tend to be rather pale but flush on excitement. They are not sallow. It is a rather fine skin, and when flushed they often get hot heads, and cold hands and feet on excitement or over-exertion.

In spite of their delicate appearance these ARSENICUM children are always restless, always doing something, and not just sitting about looking at their fingers. They may take up a thing do it for a while, then go on to something else, but they never spend their time doing nothing.

When they are nervy they go from their mother to their father, from their father to the nurse, then back to their mother. Each one gives them a certain amount of comfort but not for long, and they turn to someone else.

In spite of their restlessness and their activity, they get completely exhausted. They will be all right for a couple of hours, busy, happy, occupied, rather restless, and too mentally active, then suddenly become completely exhausted, grow pale, tired and lie down. Often they become depressed, and in a nervy, frightened state, feel they are going to be ill and want to have somebody near.

These children are inordinately tidy. A small girl will keep her dolls in a most astonishingly tidy condition. Even small boys, who normally break their toys and leave them lying about on the floor, if of ARSENICUM type, will put them away and be distressed, not because the toy is broken but because it is in a mess. They are upset if they spill jam over themselves and get into a mess, and their distress is out of all proportion to the cause.

Another very definite thing about them is that they are liable to catch cold, particularly from exposure to cold, and these colds are fairly typical. They usually start as an acute coryza, with watery, excoriating discharge, very violent attacks of sneezing and a tendency for the cold very rapidly to spread on to the chest.

In 24 hours the history of an acute coryza develops rapidly to bronchitis. With that extension the ARSENICUM child becomes hoarse between the development of the coryza and the onset of the definite bronchitis.

The other ARSENICUM types get a very similar mild coryza without any hoarseness at all, without any sign of bronchitis but they suddenly develop an acute asthmatic attack.

The asthmatic attack in ARSENICUM children is a very typical, very tight, dry, spasmodic asthma and it is always accompanied by acute terror. It is always terrifying for a child to get asthma, but ARSENICUM children are almost beside themselves with terror.

They are liable to get asthmatic attacks either early in the afternoon about 1 p.m to 3 p.m. some time after lunch, or early in the morning any time after midnight.

Another typical asthmatic characteristic is that the attack subsides the dryness seems to disappear and the chest gets flooded with mucus with quantities of white, frothy sputum. When the attack is subsiding the dry whistle disappears and the chest gets moister. ARSENICUM will clear up the whole trouble.

ARSENICUM children are very sensitive to cold, and exposure to cold is certain to upset them. It either provokes an

acute respiratory attack, or an acute digestive attack. These children get digestive upsets very easily; from exposure to cold, and also from over-indulgence in any watery fruits. Melons, strawberries, any of the juicy fruits may give the ARSENICUM child acute gastritis, usually with diarrhoea.

ARSENICUM children are extremely chilly, and in most of their chest and general conditions, they are thirsty with a desire for cold drinks, but when suffering from gastritis or gastroenteritis, the condition is aggravated by cold drinks.

The gastritis may be brought on by ice cream, and a mixture of fruit and ice cream is particularly dangerous for ARSENICUM children. During the acute stage of gastritis the pain is usually severe and is eased by warmth, either warm fluids or external heat applied to the abdomen. When a child likes warm drinks and is made easier by them, one should not ignore ARSENICUM.

Another point about these acute abdominal attacks is that the child is rather delicate and one that can go downhill extremely rapidly; an ARSENICUM child with an acute diarrhoea will become collapsed in a few hours.

With this collapse they are restless, worried, anxious, and liable to have constant small stools, little spurts of diarrhoea, and a marked aggravation of the exhaustion after each stool. The child appears absolutely grey, cold and sweaty. Nearly always in the ARSENICUM diarrhoea the stools are offensive.

In summer after over-indulgence in strawberries, etc., the children have been perfectly well the previous day and the next morning they are in a collapsed state after purging all night. It is remarkable how quickly the ARSENICUM children recover if given ARSENICUM.

In acute cases with violent onset ARSENICUM CM every fifteen minutes will clear up the trouble immediately. But ARSENICUM in low potency is not effective. The patients do not have enough vitality to respond to low potencies, and in extreme cases satisfactory results are unlikely from potencies of under 10 m.

There is also a general hyperaesthesia in the ARSENICUM children. They are over-sensitive to everything, to smell, to touch, to noise, to excitement; smells will make them all jumpy and nervy, excitement will give them a nightmare.

They are highly strung children. If pushed at school they are liable to get chorea; and if they are not very gently, quietly handled they develop periodic headaches, recurring once in 7 or 14 days, violent sick headaches lasting anything up to from 24 to 48 hours and they may last two or three days making the child completely prostrated.

It is always an intense congestive headache with intolerance of noise light, or disturbance of any kind. And this is one of the ARSENICUM contradictions, with these congestive headaches they want their heads as cool as possible.

The child feels its body may be cold, sweaty and damp; it has extreme nausea; it is restless and frightened, wants to be well covered-and yet wants its head cold, cold cloths, Eau de Cologne applications - anything to keep it cool.

ARSENICUM is less valuable in skin conditions than might be expected. It is more valuable in some of the chronic conditions than in the acute dermatitis. The secondary syphilitic eruption is the kind of condition in which ARSENICUM is indicated.

Alternation of asthma and skin conditions is a very definite ARSENICUM indication; where asthma and diarrhoea alternate it is useful. A case of recurring headaches in which asthma developed cleared on ARSENICUM. ARSENICUM very definitely has these alternations, but more frequently in adults than in children.

Chamomilla. [Cham]

The symptoms of CHAMOMILLA are almost identical to those of ARSENICUM and yet they are entirely different drugs, and entirely different children. First there is hyperaesthesia, over- sensitiveness to noise, pain, people; there is exactly the same hyperaesthesia in CHAMOMILLA.

There is the restlessness of ARSENICUM, moving from one person to another, never still; and exactly the same in CHAMOMILLA, the child goes from one person to another and is never completely still never at peace. And yet the two types are different.

In CHAMOMILLA there is extreme hyperaesthesia, the CHAMOMILLA pains are more intense probably than any other pains from which patients suffer; but the reaction is entirely different from that in ARSENICUM. CHAMOMILLA cases have an absolute frenzy of rage; they resent it; they resent having it; and they are furious that the doctor has not cleared it off at once. A CHAMOMILLA child is liable to strike out at you because it is hyperaesthetic.

There is intense restlessness in the CHAMOMILLA child, it goes from one person to another, and each time it is dissatisfied with the person it goes to, and as it leaves them it is quite liable to strike at them. It is quite different from the soothing that the ARSENICUM child gets from each one.

The CHAMOMILLA child who is over-sensitive to noise, does not get the nightmare the same night, the child is wrought up into a perfect frenzy, liable to scream and stamp when disturbed. It is quite a different reaction.

In the ARSENICUM case the child is restless, always moving about whilst the CHAMOMILLA child is better from motion, but particularly better from being carried about-it is passive motion. Jogging about an ARSENICUM child will probably terrify

it.

Jog about a CHAMOMILLA child and it will probably stop screaming and begin to caw. You stop and it wants you to go on, and if you do not it will pull your hair. The reactions are entirely different although the symptoms in the Materia Medica are almost the same.

The CHAMOMILLA child is never still, it is never satisfied with any thing it is doing. But it is not a question of passing from one occupation to another. It is a question of getting tired of one thing and throwing it away. It never puts away its toy in a cupboard, it just tosses it down, and picks up something else; if told to put the first toy in the the cupboard it is liable to yell.

Another constant factor about the CHAMOMILLA children is that they get more excitable as the day goes on, more irritable, more difficult to manage, and they are liable to be particularly trouble-some about 9 p.m. The CHAMOMILLA child often is quite impossible after it is put to bed until about midnight, then it appears to wear itself out and falls asleep.

All these children who get into a fury tend to get flushed with red faces and hot heads, but the CHAMOMILLA child tends to get flushed on one side of the face, it is flushed generally but one side will be redder than the other.

CHAMOMILLA is almost universal for the teething child, but it is a mistake to give CHAMOMILLA to any teething child, the indications for it are quite definite. A teething child who needs CHAMOMILLA tends to get much more fractious at night and to have very swollen, inflamed, tender gums, and they tend to be one-sided with a marked flush on that side of the face.

The tender gums are made much worse by any application of heat and they are very much better from cold applications. They are much worse in a hot room, and the attack is liable to subside about midnight. It is worth noting that the toothache pains of CHAMOMILLA have entirely different modalities from the other pains.

CHAMOMILLA children are subject to attacks of acute colic possibly because their parents give in to them; they see something they want and scream until they get it, and that evening they go down with acute abdominal colic-mostly the fault of the parents. These attacks of colic are accompanied by a lot of wind and very much relieved by hot applications.

With these attacks of colic they are liable to get bouts of diarrhoea, with the typical green CHAMOMILLA diarrhoea stool. A CHAMOMILLA child with colic and diarrhoea gives the best illustration of CHAMOMILLA irritability they scream the place down. It is painful, fairly acute colic, and the child makes it very clear that it is in pain.

Another contrast between CHAMOMILLA and ARSENICUM children, is that CHAMOMILLA children are usually hot-blooded. They have very hot heads, very often hot and sweaty, and they are liable to have burning hot feet which they push out of bed at night.

CHAMOMILLA children are ungoverned children, and they have mostly been allowed to get out of hand, but in addition the CHAMOMILLA child in a tantrum of temper can get into such a state that it gets blue in the face starts careful convulsions from pure rage. So one has to be a little careful about the handling of the true CHAMOMILLA child.

One typical CHAMOMILLA child, about three years of age, when in a rage was liable to beat her head against the wall, merely because it distressed her mother.

One night about 10 p.m. after she had been quite impossible for the previous hour and her mother had left her to scream, she had gone into a convulsion. She was practically unconscious, dusky in the face, and twitching all over. So one has to be careful about the wholesome neglect of the CHAMOMILLA child.

Quite a number of CHAMOMILLA babies, teething and with acutely inflamed gums, develop convulsions, and this indicates an explosive nervous system in the CHAMOMILLA child which should be watched.

Teething children do well on a low potency. A few doses usually stop the disturbance, CHAMOMILLA 12 to 30, two hourly, in the average case, but in a violent attack repeat every half-hour until they quieten down.

CHAMOMILLA is also useful for acute otitis in children. It is an extremely painful condition, and in most cases the child does not want to be touched, and is intensely irritable, very often screaming with pain. If the trouble has been brought on from exposure to cold CHAMOMILLA is one of the greatest standbys in the small child, particularly if the one-sided flush is present.

CHAMOMILLA has cleared more acute otitis in small children than any other single drug. And it clears up without any puncture of the drum. But the child must have the CHAMOMILLA make-up as well as the otitis, or CHAMOMILLA will not work. the nervous system has to be all on the fret, and the child has to be irritable and touchy.

The PULSATILLA child develops otitis media from the same cause exposure to cold - has the one-sided flush - but it is a PULSATILLA child, not a CHAMOMILLA one, and CHAMOMILLA will not do it any good. These are the two commonest drugs for acute otitis in children.

Cina. [Cina]

The next drug is CINA which makes a very interesting comparison with CHAMOMILLA. Most people start with a dose of CHAMOMILLA. Most people start with a dose of CHAMOMILLA and if it does not get results they give a dose of CINA. This is not a very scientific way of proceeding. It is better to know clearly what the CINA picture is like and where the difficulties arise.

The outstanding mental distinction between the CHAMOMILLA child and the CINA child is that in CINA there is a degree of obstinacy never met with in CHAMOMILLA. The CHAMOMILLA child is always unstable; the CINA child can be as obstinate as a mule. That is the main mental distinction.

In CHAMOMILLA there is the irregular flushing of one cheek and pallor of the other. The whole face may be red but more likely there is irregular distribution. In the CINA child much more commonly there is a circumscribed red patch on the cheeks, and very often a noticeable pallor about the mouth and nose.

The next distinguishing thing about them is that although both dislike being handled and resent interference, in CHAMOMILLA it is much more mental resentment whereas the CINA child definitely tender to touch.

There is very often the same description of the two that they will scream when handled, but once the preliminary discomfort of handling is over the CINA children are quite peaceful and they allow themselves to be carried about and it will quiet them down; whereas in CHAMOMILLA they want distraction all the time, and are always wanting to be doing something new.

The CINA child will want to be carried because the steady, passive motion soothes him.

Another point which distinguishes CINA from CHAMOMILLA. CINA children are very apt to vomit, as are the CHAMOMILLA types, but almost immediately after the CINA children have vomited they are hungry. Often the CINA children will cry for more food immediately after a meal, and the CINA child often suffers from nightmares, and night terrors if it he had a late meal.

Another distinguishing factor between CHAMOMILLA and CINA is their diarrhoeic upsets. Both types have attacks of diarrhoea. The typical CHAMOMILLA green stool is absent in CINA. The typical CINA stool is a very white, watery stool.

A constant characteristic of the CINA child, both in its digestive upsets and in general, is its relief from pressure on the abdomen. If it has colic it will turn over on to its tummy, if carried about while it has colic it will turn over the nurse's arm so as to get pressure on its tummy. If it is restless at night, it turns over on to its abdomen.

CINA children are always chilly and are sensitive to any draughts of air. These children are liable to irregular muscular twitchings, particularly after any excitement, and often in the muscles on the face.

In the slightly older children mental characteristic of the CINA child is that they are frightfully touchy. They have of

complete inability to see a joke of any kind particularly if it refers to themselves.

CINA children all have a hyperaesthesia of the head, the head is sensitive to jarring, and they have a hyperaesthesia of the scalp. To soothe down a CINA child never stroke its hair. They have an inordinate habit of yawning, and keep yawning as if they would dislocate their jaws, and in some cases a definite history of acidosis links up with the tendency to yawn.

Two other points which indicate the possibility of a child needing CINA. One is that with their intestinal upsets they become very restless and liable to get meningeal irritation, with constant agitation of the head rubbing, it into the pillow. Even without definite meningitis they tend to develop a squint - an internal squint.

The other point is that all these CINA children appear to develop an irritation of the nose, it is red, itchy, and they pick at it - and that is quite apart from getting thread worms or anything of the kind. A yawning child picking its nose always indicates the possibility of its needing CINA.

Magnesia Carbonica. [Mag-c]

MAGNESIA CARBONICA and CINA are the two most commonly indicated drugs for diarrhoeic attacks accompanied by peculiarly white stools. In addition MAGNESIA CARB. is an interesting drug in children.

The ordinary MAGNESIA CARB. child is a sensitive, nervous type and as a rule they come for treatment either as very young children or at about ten years of age.

The most outstanding feature of the MAGNESIA CARB. children is their lack of stamina. Some of them are quite well nourished but they all have very poor muscular power. In an ordinary healthy child the muscles are quite firm, but the MAGNESIA CARB child has soft, flabby muscles, and any physical exertion tires him out.

There is exactly the same sort of mental reaction. The older child at school gets mentally tired out and comes home with a severe neuralgic headache. The pains are violent, they may be in any part of the head, and tend to come on at night.

They are accompanied by very marked sleeplessness, the child cannot get to sleep at all, and a strange feature is that they are better if the child is up and moving about.

MAGNESIA CARB. children always have very definite likes and dislikes in food. They have a marked craving for meat, and anything with a meaty taste. And they have a complete aversion to vegetables of any kind. In small children there is an intolerance of milk; they get sour vomiting, and pasty, pale, undigested stools, which are usually white and soft putty-like.

If the digestive disturbance goes further, there are watery stools which are usually excoriating. The type of child is very liable in an acute enteritis to develop an attack of bronchitis or definite broncho-pneumonia.

In their bronchial attacks the MAGNESIA CARB. children tend to get stringy sputum, which is very difficult to expel. It is not unlike the KALI BICH. sputum in appearance, but they have great difficulty in expectorating it at all.

MAGNESIA CARB children tend to have a very dry skin. In small children it is particularly noticeable, they get a dry almost scaly, skin, and a peculiar dry, almost coppery-coloured, scaly eruption of the scalp, almost as if it has been pained on to the scalp.

The adolescent MAGNESIA CARB. children are always dead-beat in the morning, even after a good night's sleep. It is an effort to get them off to school.

Another useful pointer to MAGNESIA CARB. children is that they are very easily startled by any unexpected touch, and in spite of this very inert type of skin, after taking any hot food or drink they flush up and sweat about the head and face.

These children are all sensitive to cold, and yet they are rather better in the open air. They are usually aggravated by changes in the weather.

Ignatia. [Ign]

The next of the nervy drugs is IGNATIA. It is unfortunate that IGNATIA has been distorted in the homoeopathic text-books and has come to be looked on as the hysterical female. Using it in that way misses a great deal of the value which can be had from IGNATIA in other cases which are not hysterical females at all.

A child with a highly developed nervous system; a highly strung, sensitive, bright, precocious child, doing very well at school and being pushed- be it a boy or a girl-and the nervous system is getting over-taxed, will often present IGNATIA indications.

The first indication is that the child is beginning to develop headaches, a nervous, tired headache coming on at the end of the day, after a period of stress.

Then they begin to become slightly shaky their writing is not so good as it was ,their finer movements begin to suffer.

The next pointer is a rather strained expression, and this is a major keynote to IGNATIA in the non-hysterical type. It may be anything from a mere tension of the muscles to definite grimaces when the child is speaking, and it may go on from that to facial chorea, generalised chorea, difficulty in speaking, difficulty in articulation.

The child is becoming unduly excitable-either up in the air, or down in the dumps, and is incredibly hyperaesthetic to noise. If the child is attempting to do homework after school any noise nearly drives it crazy; it is liable to fly into a rage and then lapse into tears.

After any stress of that kind the child is quite incapable of working, its brain will not function, it cannot take anything in, cannot remember, and cannot think.

There are definite indications for IGNATIA in the peculiar modality of the headaches. The children come home from school with a congestive headache, which, strangely, is relieved by hot applications.

If their nerves begin to get frayed these children become scared. They may have been up against the stress of examinations, they lose their nerve altogether, and are in constant dread of something unpleasant going to happen, and they may become scared of doing anything on their own initiative-even scared of going out alone.

They get all kinds of digestive upsets, and the typical IGNATIA hysterical stomach develops, that is to say the child is upset by the simplest food but can digest the most indigestible meal.

Exactly the same kind of contrariness appears when the IGNATIA child gets a bad throat, an acute inflamed throat, and the only relief is from taking something solid, something to press on it, and the pressure relieves it for the time being.

These overstressed children get all sorts of disturbances. If they are in any confined place, particularly if there are a lot of people about, they get nervous, distressed, choky, and they are quite liable to faint. But it all keys in with the general picture of nervous stress.

As would be expected in a child of that type, who has been very bright, clever, successful, and is now rather going to bits, she is very apt to blame herself for it.

It is very often a child of poorer parents, who is doing quite well on scholarships, and now cannot do as well as she did. She starts to reproach herself, thinks that the failure is due to lack of effort on her own part, gets thoroughly depressed and almost melancholic.

Linked with the choreic tendency is liability to get troublesome, irritating spasmodic coughs, which come on at inconvenient times, and once started go on, and on, and on. That is one type of IGNATIA cough in the stressed child. The other type is very definite, acute laryngitis, with a tendency to laryngeal spasm.

They are very liable to get rheumatic pains, and may even get acute rheumatism; and most of the rheumatic pains are better from definite firm pressure.

Zincum [Zinc]

The last of these drugs is ZINCUM and one adds it to IGNATIA because of the choreic tendency.

The typical ZINCUM child is very nervous, sensitive and excitable. They are easily distinguished from the IGNATIA children. The IGNATIA child, to begin with, is a very bright, quick reacting child, whereas the typical ZINCUM child has a reaction time.

When IGNATIA children are tired out they may not be able to take things in, they have difficulty in learning, difficulty in remembering, but the ZINCUM children are slow of grasping what is said, slow in answering, and they are much more docile, less unstable than the IGNATIA children.

The ZINCUM child will come for treatment at about the same age, possibly a little older, and will present a history of delayed development. Delayed puberty very often gives the indication for the ZINCUM child.

The impression is that they are tired, mentally and physically generally weary. And yet they are restless, twitchy, fidgety. When they are tired they get a very persistent, aching pain in the lower cervical region, very often with burning pains going right down the back.

Another feature of these ZINCUM children, particularly the very fidgety ones, is that they are liable to get cramp in bed at night, more often in the hamstring muscles than in the feet.

They are very sensitive to cold, and are always chilly. They get inflamed eyes from exposure to cold. These ZINCUM children have definite thickening of the margins of the lids, chronic blepharitis, and chronic conjunctivitis, and they develop intense photophobia.

They are acutely sensitive to noise, as sensitive as the IGNATIA children, but talking worries them excessively, and if the child is attempting to do work and anyone is talking in the room it upsets them more than the noise of other children playing.

Also in adults, who are completely exhausted by people talking to them, it is very often a definite lead for ZINCUM

Another strong indication for ZINCUM is a history of a well marked, generalised skin eruption in early childhood, and a chorea developing about adolescence.

Many of these ZINCUM children develop an acute hunger about 11 a.m. and they simply bolt their food and their drink.