

strength below par. There is more or less impairment of intellect. Convulsions or rigidity of limbs may occur, and central symptoms, such as blindness and vomiting, may be present. Some children waste and die, but the slighter cases may live, though they rarely or never grow to become healthy adults. The nursing of such cases presents nothing unusual, and the medical treatment is unsatisfactory, in some cases an operation is performed with the object of permanently or temporarily lessening the amount of fluid in the brain, and so relieving the symptoms which are due to its pressure.

Abscess of the Brain is fairly common in children and is usually the result of injury or disease of the ear. The symptoms are very like those of meningitis, and in some cases cannot be distinguished from them. They consist of headache, fever, vomiting, and perhaps convulsions or paralyzes. The only hope of such cases lies in trephining the skull and evacuating the pus. No special nursing beyond that of any other brain case is necessary.

Birth paralyzes are often the result of hæmorrhage into or about the brain, occurring during a difficult confinement, but they often are not noticed until the child is several weeks old, though sometimes they cause convulsions immediately following birth. The legs are usually chiefly affected, but occasionally also the arms and face are paralysed; and there is often more or less impairment of the mental faculties. The affected parts become stiff and often contracted in some unnatural posture, the legs frequently being crossed and the knees semiflexed, and the toes and foot rigidly extended so that walking is impossible. The arms may be stiff and rigid, and the hands and fingers may shew involuntary slow movements called "athetosis." In such cases the limbs should be warmly covered and thoroughly massaged twice daily, passive movements being executed to avoid as much as possible stiffness and deformity, while electricity also is recommended. In cases confined to bed the greatest care should be used to avoid bedsores, by absolute cleanliness and the other methods employed in general nursing.

Apoplexy. This is not common in children, but sometimes may result from hæmorrhage into the brain from the straining of whooping cough or during convulsions, or in the course of heart disease from the lodging of a clot in a blood vessel of the brain.

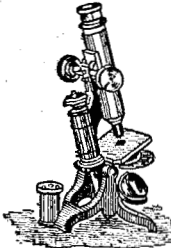
The symptoms are those of apoplexy in the adult—viz., sudden paralysis of one side of the body with more or less coma, or occasionally a more general paralysis. The treatment is absolute rest, avoidance of light and sound. Ice bags or cool lotions, may be applied to the head. The bowels should be kept active with purgatives. The feeding will have to be carefully attended to, and perhaps the child may have to be fed by the rectum.

The child should be kept on one side or the other, and occasionally the posture should be changed in order to prevent congestion of the bases of the lungs, which is very apt to come on in such cases. Above all in apoplexy alcohol should never be administered without the express orders of the medical man in charge, in cases where the heart is failing this drug may be necessary, but in the majority of cases it is useless and even mischievous.

(To be continued.)

Medical Matters.

HUMAN TAILS.



A considerable number of cases have been reported of the occurrence of tails in the human being, and although many of these are either a variety of spina bifida or are teratomata, some are undoubtedly real tails. The coccygeal vertebræ are seldom prolonged into the appendage, which is, therefore, soft. They are usually quite short, although one, 25 cm. in length, has been described. Dr. R. G. Harrison, writes an account of human tails, and describes a case. (*John Hopkins' Hospital Bulletin.*) The child was a healthy, well-developed male, presenting a slight deformity in the toes of the right foot, and a caudal appendage which was attached in the mid-line, about 1 cm. below the tip of the coccyx. This was of firm consistency, though containing no bone; it was covered with normal skin, containing fine hairs, and was apparently well vascularised. Three distinct segments could be made out: the basal piece was short, and on the dorsal side scarcely marked off from the next following, except when the tail was in a state of contraction. The middle segment was 25 mm. long, slightly curved to the right, and tapered towards the distal end, where the much

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