

then the overlying skin may become red and spirally perforated, allowing a sero-purulent fluid to escape, in which are flakes of lymph and cheesy matter; this may go on indefinitely.

The treatment when glands first enlarge is to remove all possible sources of irritation. The nurse must be careful to remove all nits or other irritation from the head if they are present. The ear, if discharging, must be carefully syringed as often as necessary to keep it clean, with boracic lotion, and powders as boracic acid and iodoform may be useful. These are blown into the ear through a blower, or through a quill, after all the discharge has been removed. The other causes should likewise be carefully attended to. If this be not effectual, and the glands do not subside, the skin may be rubbed with the ointment of oleate of mercury or other ointment which is ordered, and the child must be out as long as possible in the fresh air, sea air being the best, and all ordinary rules of hygiene observed.

If the glands have softened then nothing but surgical treatment is of any avail.

RHEUMATISM.

This disease in children is very different from what it is in adults; children, especially the younger ones, rarely have severe joint pains and swelling. The pains may be referred to the joints, but there is very little swelling or redness to show their nature. Another difference from adults is the frequency of other rheumatic phenomena other than joint pains, such as sore throat, heart disease, skin eruptions, lung affections, and chorea.

The symptoms begin with chills and pain and tenderness in one of the larger joints such as the knee, ankle, elbow, or shoulder, and if severe the joint may be distended with fluid, and the underlying skin may be covered with a light red flush. The temperature is raised, but is not often over 102 deg. F. The pains and joint swellings have the same tendency to fly from joint to joint that is seen in adults, but there is not so profuse sweating; there is generally furring of the tongue, loss of appetite, etc.

Frequently the symptoms are by no means so prominent, the child becomes languid, anæmic and fretful, may complain of wandering pains in the limbs, but there is hardly any swelling of joints or none at all, the pains are then apt to be looked upon by the mother as "growing pains," but natural growth is not a painful process, and there is no doubt that a

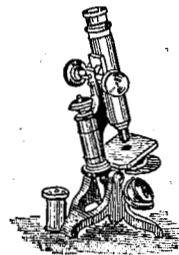
large number of children suffer from rheumatism in this way and never go to bed at all; the slight fever which is present is not recognized and as often as not no doctor is called in. These cases are especially important, as they are just as likely to be followed by heart disease as more severe attacks, in fact more so, as the child may be allowed to go about as usual. The younger the child affected the more tendency is there for rheumatism to attack the heart and to lead to a permanent cardiac affection.

Children may suffer from forms of rheumatism which are often called complications without any marked symptom of joint disease, and it is these cases which are apt to be overlooked; one of these is tonsillitis with often a general redness of the fauces and pharynx; there is no doubt that a large number of these cases are rheumatic, especially those occurring in a child who has suffered from rheumatism or with a history of rheumatism in the parents, in some such cases pains in the joints accompany the sore throat.

(To be continued.)

Medical Matters.

MASSAGE OF THE EYEBALL.



A paper on Massage of the Eyeball, presented to the Section on Ophthalmology at the fifty-first annual meeting of the American Medical Association, by Dr. Casey A. Wood, M.D., of Chicago, is instructive. To summarise it—the writer speaks particularly of simple, and not instrumental massage. Dr. Costomiris, of Athens, believed that direct massage of the finger tip on the exposed cornea or conjunctiva gave the best results, but Dr. Casey Wood considered the movements over the lids with slight pressure sufficiently efficacious and certainly less difficult and better borne. The act should never of itself produce pain, and rarely more than a passing discomfort; little was to be gained by the employment of much force. The patient should look down when massaging the upper lid, and up with the lower lid; if the cornea was to receive attention the patient should look straight forward. It was better to perform a gentle, non-irritating massage of even ten minutes duration daily, than a rough, painful rubbing twice a week. As regards remedial adjuncts for simple massage, the writer used a

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