

cause neurosis in children, and occasionally headache; the latter is avoided by aperients. In the former case, either the preparation should be changed or interdicted for a time. Opinion varies as to the best dose to give, but in this matter regard must be paid to the severity of the case and the patient's idiosyncrasy; minor degrees of anæmia seem to receive full benefit from small doses, more severe cases require larger ones. In either event, if no benefit arises, the drug should be pushed, and the case not regarded as incurable because a particular dose happens to have failed. In this connection it is to be remembered that pills, as a rule, become insoluble in proportion as they are kept. There is a great tendency to relapse in many cases of anæmia, therefore iron should be taken for some considerable time after apparent cure has been brought about; but this must not be pushed to extremes lest tolerance be established, and its subsequent utility impaired.

In many cases where there is marked tendency to constipation, and where rapid growth tends to exhaust the limited iron supply of the food, I have often found Hommel's Hæmatogen of much value, especially in young children, who, in many instances, cannot be induced to take unpleasant preparations.

There is some reason to believe that Hæmatogen is not so well known to practitioners in this country as its merits deserve. On the Continent it is very widely employed. It is composed of purified and concentrated Hæmoglobin obtained together with the albuminous constituents of the blood serum, under strict antiseptic precautions, from the blood of healthy bulls. It therefore contains all the natural salts of the blood, including the phosphates of sodium and potassium, and the whole is agreeably flavoured with pure glycerine and wine. Most patients take the preparation best in a wineglassful of soda-water or of milk before food, two or three times a day.

It should be observed, however, that it is coagulated by heat; hence the vehicle in which it is administered must not be hot.

Cases in which it is of value are more especially those of children from eighteen months to three years old, where defective surroundings, lack of fresh air, or mistaken views as to the proper feeding of young children have led to meat being completely or almost completely withheld, and there has resulted a condition of general malnutrition which, for lack of a better term, must be called "debility."

The complaint generally made is of "not getting on," or "always ailing." There is usually some degree of wasting, pallor, and general flabbiness of the tissues. The appetite is bad. The state of the bowels is not usually the prominent feature; they may be regular, variable, or actually constipated. The tongue is often clean, or may be lightly coated.

Frequently, cough is complained of. Examination, beyond slight pallor of the mucous membranes, is entirely negative.

Again, in early rickets, before very obvious bone changes have developed, or after an attack of acute dyspeptic diarrhœa, the preparation is of value, and may be given in conjunction with cod-liver oil and suitable hygienic treatment. It is well, however, to begin with a purge, for, as already indicated, so-called regularity of the bowels requires some qualification as to its completeness and the like, for it does not follow that the large gut is not overloaded because its lower end is apparently acting properly. It is well also to bear in mind the possible existence of adenoids, with or without enlarged tonsils.

Nursing of Diseases of the Eye.

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THE EYELIDS.

In the lower lid entropion is often spasmodic, and due to the irregular contraction of the orbicularis.

It is, as has already been pointed out, a troublesome complication found in many old people, if the eyes are kept bandaged. It may always be overcome temporarily by pulling on the skin with the finger, and may be fixed in this position for a time by contractile collodion, or a piece of plaster. The lids must be carefully dried while the lashes are everted, and the collodion painted right up to the roots of the hairs and down on to the cheek for some inch and a-half. As it contracts it will maintain a slight drag on the skin, and hold the lashes away from the cornea. Care must be taken that none of the collodion comes in contact with the conjunctiva; it is an active irritant, and would cause great discomfort and probably some inflammation. The application will require to be renewed every three or four days at least. Should this method fail, the surgeon may decide to remove a fold of skin from the lid, and thus defeat the tendency to roll in.

Ectropion is usually the result of large, contracting scars situated in the neighbourhood of the lids. Severe burns of face, old extensive lupus, necrosis of the bones, are among the commoner causes. It is impossible to lay down rules for their treatment; each must be dealt with on its own merits. The surgeon may employ skin from the surrounding parts, or may transplant from some outlying region. The after-treatment does not possess any special features.

Drooping of the upper lid is called ptosis. Normally the lower edge of the upper lid should lie

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