CHILDREN'S TYPES

By DR. D. M. BORLAND

No. 7

Well, if you take that as a starting point for the highly strung, nervous child, you can practically repeat the symptoms out of the Materia Medica and label them all CHAMOMILLA. I mean as I read through the symptoms of *Chamomilla* you wouldn't know whether it was *Arsenicum* or *Chamomilla*; and yet they are entirely different drugs, and entirely different children. If you saw my notes here, I have almost exactly the same notes under *Arsenicum* as *Chamomilla*. The first thing I have is hyperæsthesia, over-sensitiveness to noise, pain, people; you have exactly the same hyperæsthesia in *Chamomilla*. I have the note of restlessness under *Arsenicum*, moving from one person to another, never still. You have exactly the same in *Chamomilla*, it goes from one person to another, never still, never at peace. And yet you have only got to see the two children and they are as different as night from day. In *Chamomilla* you have got the most incredible hyperæsthesia, the *Chamomilla* pains are more intense probably than any other pains that patients suffer from; but the reaction is entirely different. In *Chamomilla* you get an absolute frenzy of rage; they resent it; they resent having it; and they are perfectly furious that you haven't cleared it off at once. You are doing your best for a *Chamomilla* child and it is liable to strike you because it is hyperæsthetic.

The intense restlessness of the *Chamomilla* child, going from one person to another; 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 *Arsenicum* soothing that the child gets from each one. The *Chamomilla* child who is over sensitive to noise, you don't get the nightmare the following night, you get the child wrought up into a

perfect frenzy, liable to scream and stamp when disturbed. You see their reaction is quite different.

Then, in the *Arsenicum* case you have got the child who is restless, always moving about. In the *Chamomilla* you have a child who is better from motion, but particularly better for being carried about—it is a passive motion. You start to jog an *Arsenicum* child about and you will probably terrify it. You start jogging a *Chamomilla* child about and it will probably stop its yelling and begin to crow. You stop and it wants you to go on; and if you don't do it, it will pull your hair. You see, the reactions are entirely different, although the symptoms stuck down on paper are almost the same.

Then the *Chamomilla* kid is never still, it is never satisfied with anything it is doing. But it isn't 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 chucks it down. It picks up something else, and if you tell it to put the first toy in the cupboard it is liable to yell.

The other thing about the *Chamomilla* kids which is pretty constant is that they very definitely tend to get more excitable as the day goes on, more irritable, more difficult to manage; and they are liable to be particularly troublesome about nine o'clock in the evening. Very often you get a story that the Chamomilla child is perfectly impossible after it is put to bed till about midnight, then it appears to wear itself out and falls off to sleep.

Then, you know that *Chamomilla* is practically universal for the teething child; but I think it is a mistake to give *Chamomilla* to any teething child, the indications for it are so awfully definite. And where you have a teething child who needs *Chamomilla* the child tends to get much more fractious at night, it tends 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; they are very much better from cold applications. They are liable to be very much worse in a hot room, and, as I say the attack is liable to subside about midnight. It is worth while remembering that the toothache pains of *Chamomilla* have entirely different modalities from the other pains.

Chamomilla kids are awfully liable to get attacks of acute colic. I think mostly they get attacks of acute colic because they are given in to by their parents; they see something that they want and scream until they get it, and that evening they come down with acute abdominal colic—mostly the fault of the parents. And with these attacks of colic you always get a lot of wind in the *Chamomilla* children, and these attacks of colic are very much relieved by hot applications. And with their attacks of colic they are very liable to get bouts of diarrhœa, with the typical green *Chamomilla* diarrhœic stool. If you ever come across a *Chamomilla* child with a colic and diarrhœa you get the best illustration of *Chamomilla* irritability; they fairly yell the place down. Of course it does hurt, it is pretty acute colic, but there is no doubt about the child's being in pain, in fact the neighbours will probably know as much about it as you do.

Then there is another contrast with the *Arsenicum* children, and that is the *Chamomilla* children are usually hot-blooded, very liable to have very hot heads, very often hot and sweaty, and they are very liable to have burning hot feet and stick them out of bed at night.

There is one difficulty in dealing with the *Chamomilla* children. They are ungoverned children, and they have mostly been allowed to get out of hand; but the *Chamomilla* child in a tantrum of temper can go on to such a stage that it gets blue in the face and starts convulsions from pure rage. So do be a little careful about the handling of the true *Chamomilla* child. I remember seeing one, she was about three years of age, and was a typical *Chamomilla* child. In a rage she was liable to

beat her head against the wall, merely because it distressed her mother. And I saw that child one night about ten o'clock and she had been just perfectly impossible for the last hour, and her mother had left her to scream, and she had gone into a convulsion. When I saw her she was practically unconscious, dusky in the face, and twitching all over. So do be a little careful about the wholesome neglect of the *Chamomilla* child once it has got into the *Chamomilla* stage.

And I have seen quite a number of *Chamomilla* babies who were teething, with acutely inflamed gums, who did develop convulsions. So evidently you have got an explosive nervous system in the *Chamomilla* child, and you have to be a little chary about letting it go too far.

"What potency do you give to a teething child?"

Teething children do quite well on low potency. A few doses usually stops all the disturbance, 12 or 30, two hourly, in the average case. But where you have a violent attack, give possibly every half-hour until they quiet down.

There is one other condition for which you commonly need *Chamomilla*, and that is the acute otitis in children. It is a frightfully painful condition, and in most of these acute otitis cases the child doesn't want to be touched, and it is intensely irritable, very often yells with the pain; and if you get a history that has been brought on from exposure to cold, I think *Chamomilla* is one of your greatest standbys in the small child, particularly if you have got the one-sided flush with it. I should think when I was in general practice I cleared more acute otitis in small children with *Chamomilla* than with any other single drug. And you can cleat it up quite well without any puncture of the drum or anything of that sort; the whole thing simply subsides. But you have got to have the *Chamomilla* make-up as well as the otitis, otherwise *Chamomilla* does not work. In other words, their nervous system has to be all on the fret, and they have got to be irritable and touchy, otherwise *Chamomilla* does not do

it. In other words, you get the *Pulsatilla* from the same cause, exposure to cold, again with otitis media, and one-sided flush; but it is a *Pulsatilla* child, not a *Chamomilla* one, and *Chamomilla* won't do it any good. I think they are the two commonest drugs—at least they were in the practice I was doing.

Again in *Cina* you can practically duplicate the symptoms on the notes, and yet it is an entirely different one in dealing with.

Well, we have got to try and finish this today, because we don't meet again, and I think there are still four of these drugs to get through, so I will try and cut them as short as possible. I will try and give you the salient features of them without any unnecessary padding.

I think last day we finished up with *Chamomilla*, and the next one is *Cina*, which is a very interesting comparison with *Chamomilla* because I think you will agree that most people start with a dose of *Chamomilla* and if it doesn't work they give a dose of *Cina*, and it isn't a very scientific way of proceeding, and I think it is better to have a clear idea of what *Cina* is like and where the difficulties arise.

I think the outstanding mental distinction between the *Chamomilla* child and the *Cina* child is that in *Cina* you have got a degree of obstinacy that you never meet with in the *Chamomilla*. The *Chamomilla* kid is always unstable; the *Cina* child can be as obstinate as a mule. I think that is the main mental distinction.

Then there are various other points which are a help. I think the first one is that in *Chamomilla* you are likely to get an irregular flushing—flushing of one cheek and pallor of the other. You may get the whole face red, but you are more likely to get the irregular distribution. In the *Cina child* you much more commonly get a circumscribed red patch on the cheeks, and very often a noticeable pallor about the mouth, the mouth and nose.

Then I think the next thing about them is—I mean the next distinguishing thing about them—is that both dislike to

be handled, they both resent interference, but in the *Chamomilla* it is much more mental resentment, whereas the *Cina* child is definitely tender to touch. You will very often find that you get the same description of the two, that they will yell when you handle them, but you find that once you get over the preliminary discomfort of handling in the *Cina* children they are quite peaceful, they allow you to carry them about, it will quiet them down; whereas in the *Chamomilla* they are wanting distraction all the time, if you stop walking about with them they are likely to strike at you, they are always wanting to be doing something new. You do not get that reaction in the *Cina*. But the *Cina* kid will want you to go on carrying it; in other words, the steady, passive motion does soothe them down.

Then there is another distinguishing point in *Cina* which you do not get in *Chamomilla*; the *Cina* children are very apt to be sick, and so are the *Chamomilla* ones, but you will commonly find that in the *Cina* children, after they have vomited, and almost immediately after, they are hungry. And you will very often find the *Cina* children are crying out for more food immediately after a meal. And in the *Cina* child you are very likely to get a story of nightmares, night terrors, if the child has had a late meal.

Then, another thing that will help you when you are distinguishing between *Chamomilla* and *Cina* is in their diarrhœic upsets. They both get diarrhœa. The typical *Chamomilla* green stool is noticeably absent in *Cina*. The typical *Cina* stool is a white stool—a very white, watery stool. And there is one constant characteristic about the *Cina* child, both in its digestive upsets and ordinarily too, and that is that it gets relief from pressure on the abdomen; if it has got a colic it will turn over on to its tummy. If it is being carried about while it has a colic it will turn over the nurse's arm so as to get pressure on its tummy; if it is restless at night, again it turns over on to the abdomen and is at peace.

Then as far as their temperature reactions. The *Cina* kids are always chilly; they are sensitive to any draughts of air, and they are very liable to get irregular muscular twitchings, particularly after any excitement, and very often you will notice it particularly in the muscles of the face.

Then in the slightly older children there is another mental characteristic of the *Cina* child, and that is that they are frightfully touchy, they have got a complete inability to see a joke of any kind, particularly if it refers to themselves.

Then there is another thing that is worth remembering about the *Cina* children, and that is that they all have a hyperæsthesia of the head, the head is sensitive to jarring, and they have a hyperæsthesia of the scalp. So that if you are ever wanting to soothe down a *Cina* child don't go and stroke its hair, otherwise you will know that you have got a *Cina* kid.

Then there is one other point about them which I have noticed quite frequently, and that is that they have a most inordinate habit of yawning; they yawn, and yawn, and yawn, as if they would dislocate their jaws. And I have seen several of these *Cina* children now who have been brought to me with a definite history of acidosis, which I always tend to link up with their yawning tendency.

Then there are two other points which always make me think of the possibility of a child's being *Cina*. One is that with their intestinal upsets they become very restless, very liable to get meningeal irritation, with constant agitation of their head, rubbing it into the pillow, and without definite meningitis they tend to develop a squint—an internal squint. And the other point which always makes me think of the possibility of *Cina* is that all these *Cina* kids 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. If I get a yawning child coming in and picking its nose I always explore the possibility of

its being a *Cina*, and very often it is. So you see there are pretty definite distinguishing points between *Cina* and *Chamomilla*, and you shouldn't have to try one and then the other.

Then the real reason why I put *Mag. carb.* in after *Cina* was in connection with the diarrhœic attacks. *Mag. carb.* and *Cina* are the two most commonly indicated drugs for diarrhœic attacks accompanied by these peculiarly white stools. And apart from that *Mag. carb.* is an interesting drug in kids.

The ordinary *Mag. carb.* child is a sensitive, nervous type of child, and as a rule one comes across them either as very young children or round about ten years of age. And I think the most outstanding feature of the *Mag. carb.* children is their lack of stamina. They have got—some of them are quite well nourished—but they have got very poor muscular power. You know you handle an ordinary healthy child, the muscles are quite firm; whereas the *Mag. carb.* child has got soft, flabby muscles, and any physical exertion tires them out.

You will get exactly the same sort of mental reaction. The older child at school gets mentally tired out; it will come home with a violent neuralgic headache. And the neuralgic headaches of the *Mag. carb.* school child are pretty definite; they are pretty violent pains, may be any part of the head, and they tend to come on at night. They are accompanied by very marked sleeplessness, the child can't get to sleep at all, and strangely enough they are better if the child is up and going about.

Then the next thing about *Mag. carb.* children is that they always have very definite likes and dislikes in the food line. All these *Mag. carb.* children have a very marked craving for meat, and anything with a meaty taste. And I have never met one yet who didn't have an absolute aversion to vegetables of any kind. Then, in the small child

you are liable in the *Mag. carb.* kids to get an intolerance to milk; they get sour vomiting, and they get pasty, pale, undigested stools, which are usually white and soft and putty-like. Then, if the digestive disturbance goes further, you will get a watery stool, which is usually rather excoriating. And that is the type of child who is very liable in an acute enteritis to develop a bronchitis attack as well. I have seen a lot of them in the wards here, and I think the majority of them developed some bronchitis with their diarrhœa, several of them a definite broncho-pneumonia.

Then another characteristic of the *Mag. carb.* kids is that they tend to have a very dry skin. In the small child, it is particularly noticeable; they get a dry, almost scaly skin, and they are very liable to get a peculiar dry, almost coppery coloured, scaly eruption of the scalp. I remember, going round the wards. that whenever I used to see that coppery, scaly eruption I always thought of the possibility of a *Mag. carb.* baby. It almost looks as if it had been painted on to the scalp; it sticks rather.

Then another constant feature about the adolescent *Mag. carb.* kids is that they are always dead beat in the morning, even though they have had a fairly decent night's sleep; it is an awful job to get them off to school.

And there is one other point that is sometimes useful in the *Mag. carb. kids*, and that is that they are awfully easily startled by any unexpected touch.

Then there is one other point about them, and that is that with this very inert sort of skin, after taking any hot food or drink they are liable to flush up and sweat about the head and face.

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

By the way, in their bronchial attacks the *Mag. carb.* children tend to get a very stringy, difficult sputum, which

is very difficult to spit out; it isn't unlike a *Kali. bic.* sputum in appearance, but they have great difficulty in expectorating it at all.

Then the next of our Nervy drugs is *Ignatia*. I think it is unfortunate that *Ignatia* has been distorted as it has been in the Homœopathic textbooks, because it has come to be looked on as the hysterical female. Well, I think using it like that you are missing a great deal of the value that you can get from *Ignatia* in other cases which are not hysterical females at all.

If you have a child with a highly developed nervous system, a highly strung, sensitive, bright, precocious child, who is doing very well in school and who is being pushed—be it a boy or a girl—and their nervous system is getting overtaxed, you are very liable to get *Ignatia* indications.

The first indication you will get is the child will begin to develop headaches, and it is a sort of nervous, tired head, coming on at the end of the day, coming on after a period of stress.

The next thing is that they begin to become slightly shaky—their writing is not so good as it was, their finer movements begin to suffer.

And the next thing you will spot about them is a rather strained expression. And that strained expression is one of the key notes that lead me to *Ignatia* in the non-hysterical type more than anything else. 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 anything —facial chorea, generalized chorea, difficulty in speaking, difficulty in articulation.

Then the next thing that you will get is the story from the parents that the child is becoming unduly excitable—it is either up in the air, or down in the dumps. And another thing is that the poor youngster has become incredibly hyperæsthetic to noise; if the kid is attempting to

do home work after school any noise nearly drives it crazy; it is liable to blow up into a rage and then relapse into tears. And then after any stress of that kind you will find the child quite incapable of working, its brain simply will not function, can't take it in, can't remember, and can't think.

In these schoolchildren coming home with their headaches you get very definite indications for *Ignatia* in the peculiar modality of their headaches. They come home with a congestive headache, and the odd thing about it is that it is relieved by hot applications.

Then if their nerves begin to get frayed these kids get scared. They have probably been up against the stress of examinations, they lose their nerve altogether, and they are in constant dread of something unpleasant going to happen, and they may get to the stage where they are scared of doing anything on their own initiative—they may be even scared of going out alone. Then, as you would expect with a child in that state, you get all sorts of digestive upsets, and you get the typical *Ignatia* hysterical stomach developing, that is to say the child who is upset by the simplest food and can digest the most indigestible stuff. I am sure time and again you have had the story in out-patients; the mother says the child can't digest the simplest, plainest food, and is quite right on the toughest old cheese. And the queer thing about it is that it is true.

You get exactly the same kind of disturbances when the *Ignatia* child gets a bad throat, an acute inflamed throat, and the only relief the child gets is from taking something solid, something to press on it, and the pressure relieves it for the time being.

Then with that over-stressed child, of course they 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, chokey, and they are liable to faint. But it all keys in with the general picture of nervous stress.

Then, as you would expect in a child of that type, who has been very bright, clever, successful, who is now rather going to bits, they are awfully apt to blame themselves for it; it is very often a child of poorer parents, who is doing quite well on scholarships, and now can't do as well as it used to; it often starts to reproach itself, thinks that the failure is due to lack of effort on its own part, gets thoroughly depressed, almost melancholic.

Then there is one other thing that you sometimes come across in the *Ignatia* children, which you can link up with the choreic tendency, and that is that they are very liable to get troublesome, irritating, spasmodic coughs. These coughs always come on at inconvenient times, and once they start coughing they go on, and on, and on. That is the one type of *Ignatia* cough in that stressed child. The other type that they get is a very definite, acute laryngitis, with a liability to laryngeal spasm.

Then, as you would expect with their choreic history, you are very liable to get rheumatic pains in these children, you may even get an acute rheumatism; and most of the rheumatic pains are better having definite firm pressure.

The last of these drugs is *Zinc.* and you tack it on to *Ignatia* because of the choreic tendency.

The typical *Zinc.* child is very nervous, sensitive, excitable kind of kid. But it is quite easy to distinguish them from the *Ignatia* children. The *Ignatia* child to begin with is a very bright, quick reacting child, whereas the typical *Zinc.* child has a slow reaction time. When you get the *Ignatia* children tired out they may not be able to take things in, they have difficulty in learning, difficulty in remembering, but the *Zinc.* children are slow of grasping what you are saying, slow in answering, and they are much more docile, less unstable than the *Ignatia* children.

As a rule you will meet the *Zinc.* child about the same age, possibly a shade older, and you will very often get a

history of delayed development, a delayed puberty very often gives you indications for the *Zinc.* child.

The impression you get of the child is that it is tired, tired mentally and tired physically—just generally weary. And in spite of that, they are restless, twitchy, fidgety. And one of the almost constant things that I have come across in the *Zinc.* children is that 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. And another thing that you often meet with in these *Zinc.* kids, particularly in the very fidgety ones, is that they are liable to get cramp in bed at night, and it is much more likely to be in the hamstring muscles than in their feet.

Then another thing about them is that they are very sensitive to cold; they are always chilly, and they are very liable to get inflamed eyes from exposure to cold. I have seen several of these *Zinc.* children with definite thickening of the margins of the lids, a chronic blepharitis, and a chronic conjunctivitis; and with their inflamed eyes they develop the most intense photophobia.

Then another thing about them is that they are intensely sensitive to noise, they are as sensitive as the *Ignatia* kids, but one thing that worries them out of all proportion is talking, and I have quite frequently had the statement from the parents of a *Zinc.* child that if the child is attempting to do any work and there is anyone talking in the room it is very much worse than the noise of other children playing, people talking drive them nearly distracted. Incidentally it is worth remembering for adult people too who are completely exhausted by people talking to them; it is very often a definite lead for *Zinc.*

Then another well-marked indication for *Zinc.* is where you have a history of a well-marked, generalized skin eruption in childhood, early childhood, and a chorea developing

about adolescence, always think of the possibility of it being a *Zinc.*

Then there are just two points that I want to mention. One is that many of these *Zinc.* children develop an acute hunger about eleven o'clock in the morning. The other point is that you will very often get a statement from the parents that these children simply bolt their food—either food or drink.

—*Homoeopathy.*

ODD EFFECT OF DOG BITE IN A CHILD

DAYTON T. PULFORD, M.D.

One day last fall the mother of an eight-year-old girl called me on the telephone and asked me to prescribe for her daughter, who had an attack of coughing every evening after supper. The attack was spasmodic and was always followed by the vomiting up of the evening meal. There were occasional minor coughing spells during the day, but none followed by vomiting and none very severe.

One or two prescriptions made no change in the situation. From what the mother said in her reports the whole affair sounded like whoopingcough. Further remedies, of which there were four or five, did no good. The mother called the patients who had recommended me and told them in polite terms that I was a — of a doctor. The lady patient asked if she had told me about the child having been bitten by a dog. The mother said she had not because she did not think a dog bite would create any such didoes as her daughter was going through. The lady persuaded her to come and tell me the whole story.