

THE
NERVOUS CHILD

H. C. CAMERON

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THE NERVOUS CHILD

BY

HECTOR CHARLES CAMERON

M.A., M.D.(CANTAB.), F.R.C.P.(LOND.)

CONSULTING PHYSICIAN TO

THE CHILDREN'S DEPARTMENT, GUY'S HOSPITAL

"Respect the child. Be not too much his parent.
Trespass not on his solitude."—EMERSON.

"Gentle, through daily entreatings of gentleness and
honourable trusts and pretty prides of child-fellowship in
offices of good."—RUSKIN.



FIFTH EDITION



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THE NERVOUS CHILD

PREFACE TO FIFTH EDITION

IN this new edition I have contented myself with making a few additions and alterations. Thus, for example, I have added notes on umbilical colic, on the excessive depth of sleep in enuresis, on the significance of night terrors, and on the habitual vomiting of infancy.

I have resisted the temptation to rewrite the little book completely. I wrote it after the first World War because I felt that at that time we doctors were blind to the great frequency of functional nervous disorders in childhood. There were then many of us studying the bodily disorders of the child and his physical hygiene, there were very few who were concerned with the disorders and the hygiene of his mind. To-day the boot is very much on the other foot. The great child guidance movement has been born and grown apace, so that to-day the number of child psychiatrists is many times the number of those who practise pædiatrics in its other aspects.

If I were to rewrite the book it would have to be a different book, and I should find myself committed to a plea to the psychiatrist in his dealings with children to remember how often the nervous disturbance is erected upon a physical basis. This division into two groups of mentors is not without drawbacks. Certainly the child himself does not readily submit to a corresponding cleavage of mind from body and of his disorders many are disturbances of both.

H. C. C.

1946.

PREFACE TO FOURTH EDITION

IN this Fourth Edition I have added a Chapter entitled "The Underlying Disturbances of Metabolism in the Nervous Child." I have felt the need of some attempt to explain the very constant association in the nervous child of disturbances of conduct and disturbances of metabolism.

H. C. C.

September 1929.

PREFACE TO THIRD EDITION

IN this Third Edition I have endeavoured to illustrate the chapter entitled "Nervousness and Physique" by photographs of well-marked examples of the different types described. I have in part rewritten that chapter and added elsewhere a short article upon "Masturbation in Young Children."

H. C. C.

April 1924.

PREFACE TO FIRST EDITION

TO-DAY on all sides we hear of the extreme importance of Preventive Medicine and the great future which lies before us in this aspect of our work. If so, it follows that the study of infancy and childhood must rise into corresponding prominence. More and more a considerable part of the Profession must busy itself in nurseries and in schools, seeking to apply there the teachings of Psychology, Physiology, Heredity, and Hygiene. To work of this kind, in some of its aspects, this book may serve as an introduction. It deals with the influences which mould the mentality of the child and shape his conduct. Extreme susceptibility to these influences is the mark of the nervous child.

I have to thank the Editors of *The Practitioner* and of *The Child*, respectively, for permission to reprint the chapters which deal with "Enuresis" and "The Nervous Child in Sickness." To Dr. F. H. Dodd I should also like to offer thanks for helpful suggestions.

H. C. C.

March 1919.

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THE NERVOUS CHILD

CHAPTER I

DOCTORS, MOTHERS, AND CHILDREN

THERE is an old fairy story concerning a pea upon which a princess once slept—a little offending pea, a minute disturbance, a trifling departure from the normal which grew to the proportions of intolerable suffering because of the too sensitive and undisciplined nervous system of Her Royal Highness. The story, I think, does not tell us much else concerning the princess. It does not tell us, for instance, if she was an only child, the sole preoccupation of her parents and nurses, surrounded by the most anxious care, reared with some difficulty because of her extraordinary “delicacy,” suffering from a variety of illnesses which somehow always seemed to puzzle the doctors, though some of the symptoms—the vomiting, for example, and the high temperature—were very severe and persistent. Nor does it tell us if later in life, but before the suffering from the pea arose, she had been taken to consult two famous doctors, one of whom had removed the vermiform appendix, while the other a little later, had performed an operation for

“adhesions.” At any rate, the story with these later additions, which are at least in keeping with what we know of her history, would serve to indicate the importance which attaches to the early training of childhood. Among the children even of the well-to-do often enough the hygiene of the mind is overlooked, and faulty management produces restlessness, instability, and hyper-sensitiveness, which pass insensibly into neuropathy in adult life.

To prevent so distressing a result is our aim in the training of children. No doubt the matter concerns in the first place parents and nurses, school masters and mistresses, as well as medical men. Yet because of the certainty that physical disturbances of one sort or another will follow upon nervous unrest, it will seldom happen that medical advice will not be sought sooner or later ; and if the physician is to intervene with success, he must be prepared with knowledge of many sorts. He must be prepared to make a thorough and complete physical examination, sufficient to exclude the presence of organic disease. If no organic disease is found, he must explore the whole environment of the child, and seek to determine whether the exciting cause is to be found in the reaction of the child to some form of faulty management.

For example, a child of two or three years of age may be brought to the doctor with the complaint that defæcation is painful, and that there has existed for some time a most distressing constipation which has resisted a large number of purgatives of increasing strength. Whenever the child is placed upon the

stool, his crying at once begins, and no attempts to soothe or console him have been successful. It is not sufficient for the doctor in such a case to make an examination which convinces him that there is no fissure at the anus and no fistula or thrombosed pile, and to confine himself to saying that he can find nothing the matter. The crying and refusal to go to stool will continue after the visit as before, and the mother will be apt to conclude that her doctor, though she has the greatest confidence in him for the ailments of grown-up persons, is unskilled in, or at least not interested in, the diseases of little children. If, on the other hand, the doctor pursues his inquiries into the management of the child in the home, and if, for example, he finds that the crying and resistance is not confined to going to stool, but also takes place when the child is put to bed, and very often at meal-times as well, then it will be safe for him to conclude that all the symptoms are due to the same cause—a sort of “negativism” which is apt to appear in all children who are directed and urged too much, and whose parents are not careful to hide from them the anxiety and distress which their conduct occasions.

If this diagnosis is made, then a full and clear explanation should be given to the mother, or at any rate to such mothers—and fortunately they are in the majority—who are capable of appreciating the point of psychology involved, and of correcting the management of the child so as to overcome the negativism. To attempt treatment by prescribing drugs, or in any other way than by correcting the

faulty management, is to court failure. As Charcot has said, in functional disorders it is not so much the prescription which matters as the prescriber.

But the task of the doctor is often one of even greater difficulty. Often enough there will be a combination of organic disturbance with functional trouble. For example, a girl of eighteen years old suffered from a pain in the left arm which had persisted on and off since the olecranon had been fractured when she was two years of age. She was the youngest of a large family, and had never been separated for a day from the care and apprehensions of her mother. The joint was stiff, and there was considerable deformity. The pain always increased when she was tired or unhappy. Again, a girl had some slight cystitis with frequent micturition, and this passed by slow degrees into a purely functional irritability of the bladder, which called for micturition at frequent intervals both by day and night. In such cases treatment must endeavour to control both factors—the local organic disturbance must if possible be removed, and the faults of management corrected.

It is a good physician who can appreciate and estimate accurately the temperament of his patient, and the need for this insight is nowhere greater than in dealing with the disorders of childhood. It can be acquired only by long practice and familiarity with children. In the hospital wards we shall learn much that is essential, but we shall not learn this. The child, who is so sensitive to his environment, shows but little that is

characteristic when admitted to an institution. Only in the nursery can we learn to estimate the influences which proceed from parents and nurses of different characters and temperaments, and the reaction which is produced by them in the child.

The body of the child is moulded and shaped by the environment in which it grows. Pure air, a rational diet, free movement, give strength and symmetry to every part. Faults of hygiene debase the quality, although the type is determined by heredity which in the individual is beyond our control. Mothers and nurses to-day are well aware of the need for a rational hygiene. Mothercraft is studied zealously and with success, and there is no lack of books to give sound guidance and to show the mean between the dangerous extremes of coddling and a too Spartan exposure. Yet sometimes it has seemed as if some mothers whose care for their children's physical health is most painstaking, who have nothing to learn on the question of diet, of exercise, of fresh air, or of baths, who measure and weigh and record with great minuteness, have had their attention so wholly occupied with the care of the body that they do not appreciate the simultaneous growth of the mind, or inquire after its welfare. Yet it is the astounding rapidity with which the mental processes develop that forms the distinguishing characteristic of the infancy of man. Were it not for this rapid growth of the cerebral functions, the rearing of children would be a matter almost as simple and uneventful as the rearing of live stock. For most

animals faults of environment must be very pronounced to do harm by producing mental unrest and irritability. Thus, indeed, some wild animal separated from its fellows and kept in solitary captivity may sicken and waste, though maintained and fed with every care. Yet if the whole conditions of life for the animal are not profoundly altered, if the environment is natural or approximately natural, it is as a rule necessary to care only for its physical needs, and we need not fear that the results will be spoiled by the reaction of the mind upon the body. But with the child it is different; airy nurseries, big gardens, visits to the seaside, and every advantage that money can buy cannot achieve success if the child's mind is not at rest, if his sleep is broken, if food is habitually refused or vomited, or if to leave him alone in the nursery for a moment is to evoke a fit of passionate crying.

The grown-up person comes eventually to be able to control this tremendous organ, this brain, which is the predominant feature of his race. In the child its functions are always unstable and liable to be upset. Evidence of mental unrest or fatigue, which is only rarely met with in grown persons and which then betokens serious disturbance of the mind, is of comparatively common occurrence in little children. Habit spasm, bed-wetting, sleep-walking, night terrors, and convulsions are symptoms which are frequent enough in children, and there is no need to be unduly alarmed at their occurrence. In adult age they are found only among persons who must be considered as neuro-

pathic. To make the point clear, I have chosen examples from the graver and more serious symptoms of nervous unrest. But it is equally true that minor symptoms which in adults are universally recognised to be dependent upon cerebral unrest or fatigue are of everyday occurrence in childhood. Broken and disturbed sleep, absence of appetite and persistent refusal of food, gastric pain and discomfort after meals, nervous vomiting, morbid flushing and blushing, headache, irritability and excessive emotional display, at whatever age they occur, are indications of a mind that is not at rest. In children, as in adults, they may be prominent although the physical surroundings of the patient may be all that could be desired and all that wealth can procure. It is an everyday experience that business worries and responsibilities in men, domestic anxieties or childlessness in women, have the power to ruin health, even in those who habitually or grossly break none of its laws. The unstable mind of the child is so sensitive that cerebral fatigue and irritability are produced by causes which seem to us extraordinarily trivial. In the little life which the child leads, a life in which the whole seems to us to be comprised in dressing and undressing, washing, walking, eating, sleeping, and playing, it is not easy to detect where the elements of nervous overstrain lie. Nor is it as a rule in these things that the mischief is to be found. It is in the personality of mother or nurse, in her conduct to the child, in her actions and words, in the tone of her voice when she addresses him, even in the

thoughts which pass through her mind and which show themselves plainly to that marvellously acute intuition of his, which divines what she has not spoken, that we must seek for the disturbing element. The mental environment of the child is created by the mother or the nurse. That is her responsibility and her opportunity. The conduct of the child must be the criterion of her success. If things go wrong, if there is constant crying or ungovernable temper, if sleep and food are persistently refused, or if there is undue timidity and fearfulness, there is danger that seeds may be sown from which nervous disorders will spring in the future.

There are many women who, without any deep thought on the matter, have the inborn knack of managing children, who seem to understand them, and have a feeling for them. With them, we say, the children are always good, and they are good because the element of nervous overstrain has not arisen. There are other women, often very fond of children, who are conspicuously lacking in this power. Contact with one of these well-meaning persons, even for a few days, will demoralise a whole nursery. Tempers grow wild and unruly, sleep disappears, fretfulness and irritability take its place. Yet of most mothers it is probably true that they are neither strikingly proficient nor utterly deficient in the power of managing children. If they lack the gift that comes naturally to some women, they learn from experience and grow instinctively to feel when they have made a false step with the child. Although by dearly bought experience

they learn wisdom in the management of their children, they nevertheless may not study the subject with the same care which they devote to matters of diet and hygiene. It is the mother whose education and understanding best fit her for this task. In this country a separate nursery and a separate nursery life for the children are found in nearly all households among the well-to-do, and the care for the physical needs of the children is largely taken off the mothers' shoulders by nurses and nursemaids. That this arrangement is advantageous on the whole cannot be doubted. When, as has happened in war-time, nurses and nurseries alike disappear, and the children must mingle all day in the general life of the household, and occupy the ordinary living rooms, experience shows that nerve strain and its attendant evils are more common. Nevertheless, the arrangement of a separate nursery has its disadvantages. Although many nurses nowadays are highly trained, there are others not sufficiently educated to have much appreciation of the mental processes of the child. If the children are restless and nervous they are content to attribute this to naughtiness or to constipation, or to some other physical ailment. Their time is usually so fully occupied that they cannot be expected to be very zealous in reading books on the management of children. Nevertheless, in practical matters of detail even an untrained nurse will learn rapidly from a mother who has given some attention to the subject, and who is able to give explicit instructions upon definite points.