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Infantile Diarrhea

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It is expected I presume, that a Graduation Thesis should contain some evidence of original research, but in these days when there is such a numerous band of workers in the field with every appliance and advantage at command, it is difficult for the general practitioner to do much more than keep himself well abreast of the science & practice of his profession. I have had some difficulty in selecting a subject on which to write, but after reflecting, that I had no special training as hospital in the diseases of children, and finding that these constitute the great bulk of general practice and that I had in a great measure to educate myself in the knowledge & treatment of such diseases I thought it better to discuss the causes, symptoms, & treatment of Infantile Deafness, that

(12)

should be contributing a paper in some sense original.

Disease in children requires special study, for the symptoms by which it is accompanied often differ widely from those with which ordinary hospital practice has rendered us familiar. Children have special peculiarities of constitution & another peculiarity which strikes the attention of anyone accustomed only to disease as it occurs in the adult is the vast preponderance in infantile diseases of mere disturbance of function & the disastrous consequences which may ensue from such derangements. It is to be no easy matter for a man untrained in the investigation & treatment of children's diseases to acquire a knowledge of the diseases peculiar to children, of the symptoms which characterize specially the manifestation of disease at all ages & of the importance to be attached

to correlative signs & symptoms as regards diagnosis, prognosis & treatment in certain cases of the same disease in children as distinguished from adults.

The study of Infantile Diarrhoea in its various forms is one full of interest there is, perhaps, no class of cases amongst children with which the medical man has more to do. There are few children indeed who are not more or less subject to it at some time or other. Too often from a somewhat mistaken & rather antiquated notion on the part of the mother or those in charge of the child it is allowed to run its course unchecked, until affecting the general health recourse is had to treatment to stop or at least modify a discharge which has long become chronic. From the experience I have already had I am convinced that many of the diseases of children may be traced back to a long continued & exhaustive diarrhoea.

while I have seen not a few cases in children said to have been suffering from so called Tubercular Diarrhoea, in which the state of the bowels being improved & attention paid to the child's general condition, particularly as to the food given, marked improvement has followed. I have seen such children reduced almost to skeleton form & finally emaciated & rapidly put on flesh in space of time from mere objects of pity they became plump & fat. But on this point I must not further enlarge at present; later on when I come to treatment I shall have occasion to dwell more at length upon it.

Many divisions are the divisions into which authors have divided Infantile Diarrhoea, but all of them are open to the objection that they tend to confuse, the simplest classification is that adopted by Dr. West into Simple or Catarrhal Diarrhoea & Inflammatory Diarrhoea or Dysentery. Some such arrangement is necessary to separate

these different conditions for while the one is com-  
 mon & attacks most children & yields generally  
 to treatment the other is fortunately more rare  
 while from the rapid manner in which it  
 advances speedily brings its victims into a state  
 of the greatest danger & remains almost to the last  
 little amenable to treatment

If we ask ourselves the question "Why is it that  
 Infantile Diarrhoea is so common" we must in  
 framing our reply take into consideration the  
 first & great fact that this is a period when  
 the nervous system of the child weak even at  
 the best, is subject to the most serious disturb-  
 ance which reaches its acme on the appear-  
 ance of every fresh tooth, while the whole diges-  
 tive system is rapidly undergoing changes con-  
 sistent with the growth of the child. In fact it is  
 an accepted doctrine in most households that  
 a state of diarrhoea during the period of teething  
 is alone consistent with the child's safety & well-

stead of endeavouring to correct it many are the doses of Castor Oil which are poured down the throat of the unfortunate little sufferer. Amongst the lower & more ignorant classes does this hold good & indeed it is only the constant discharge & consequent trouble involved that induces most of the mothers to apply for treatment. But while the process of denutrition & consequent irritations may be looked upon as the great cause of Infantile Diarrhoea there are others which play a not unimportant part in its production. Amongst these would I especially refer to the system of artificial feeding or cramming to which most children are subjected. It will be universally admitted that children never thrive so well as when brought up at the mother's breast, & can derive from her a plentiful supply of that nourishment which is so admirably fitted to sustain them. But unfortunately (as is to be seen in the lower orders & would especially refer although it is not confined to them) the



child is not many months, nay often not many weeks old till to use a popular expression, it gets the run of the house his stuffed at every meal with the most indigestible substances which, perhaps, ere they reach the stomach have come well nigh to choking the child. But "c'est va sans dire" a vigorous thump on the back, sufficient almost one would think to produce dislocation of all the vertebrae Nature's objections to the unwholesome food are disregarded then it remains until diarrhoea sometimes being, set up the child gets rid of the poison only, however to have the process repeated in the course of a few days. As I have said it is amongst the working classes that this system principally prevails, he is caused in this way. The mother commonly sits down to dinner the principal meal of the day - with the child on her knee his beginning soon to cry he stretches out its little arms various resources short perhaps of allowing it to partake are tried but all

is of no avail the matter ends by feeding the child with whatever comes handy, broths, potatoes beef & even beer. This system is found to answer admirably: the child remains quiet & is even happy & as custom comes to be a second nature the child is never content unless it gets a share of whatever is going. Thus things go on, a chronic diarrhoea is the result & at length beginning to be troublesome the doctor is called on. And here it is that the great difficulty in the treatment begins. Some astringent is prescribed & the mother is ordered to give the child nothing but milk & farinaceous food. But however determined she may be to carry out his instructions the continual crying of the child as each meal comes round with its accustomed plaints personal comfort is considered first & the matter is yielded. The doctor at his next visit on inquiring of the child is having milk is answered "Yes", but is kept in ignorance it may be of the actual feeding which is perhaps rendering all his

treatment abortive. Remonstrance in most cases is useless; I have tried it over & over again, but she will remember in answer to my reproaches replied that if I had children I would only be too glad to give them anything that would keep them quiet.

The season of the year also plays an important part in the occurrence of Infantile Diarrhoea, Summer & autumn contributing much more heavily than spring or winter. And this is what we should expect for not only are atmospheric influences then most actively at work but these seasons also supply us with new vegetables, fruit &c to which children are all more or less partial which instead of being withheld from them are dealt out with a too lavish hand. Green gooseberries, unripe apples, &c play not an unimportant part in the production of many cases of that severe form of summer diarrhoea, the dysentery. I have more than once followed in the wake of

some itinerant booksters, had cause to thank him for much of the additional work entailed by the ready sale which he got for his rubbish.

When we look at many of the dwellings of the poor houses, the fearful dens in which many of them live we have here another most fruitful source of Infantile Diarrhoea. Too often consisting but of one room that in a locality so closed in that sun, shine never brightens it the home of the poor may serve to cover them from the inclemency of the weather but it is a perpet hot bed of disease. It is the Infantile Population condemned to pass day after day, year after year breathing the same pernicious atmosphere that suffers most heavily - with them indeed it is little better than a continued struggle for existence: the stronger portions survive the weather "go to the wall." It is to be hoped that the reformation now being effected in our large towns by the City Improvement Trusts may do much to provide the poorer classes

with increased accommodation & also by expressing  
obedience to the most important rules of sanitation

Having thus looked at the causes or at  
least some of the more important causes of Infantile  
Diarrhoea it is now time to go on & investigate  
the symptoms. And here it will be necessary  
to refer to our classification & treat first of  
that simpler & more common form of diarrhoea,  
the Catarrh. Usually this variety is ushered in  
by vomiting more or less severe which in most  
cases precedes the diarrhoea or the two may com-  
mence at the same time & may for a certain  
period coexist although it is not the rule that  
irritability of the stomach continues throughout  
the attack. The vomited matter consists first of  
the contents of the stomach & then of a nasty  
green tenacious substance which has a sour  
most disagreeable smell. If not at this period  
affected the bowels soon take on increased act-  
ivity, & a state of diarrhoea is induced. At first

focal in character the discharge soon assumes an unnatural appearance, the motions lose their proper consistence, become yellow & this in turn passes into green, either on exposure to air or by the continuance of the discharges. In the course of a few days either from the effects of treatment or of itself the discharge becomes once more resumes its healthy character. An attack, mild like this, often in no way affects the general health of the child except that for the time being there is increased thirst. In general however the discharges is found to depend on the irritation of a coming tooth which may be so severe as to cause considerable fever, great heat of head & dry unperfuming skin & this may continue till the tooth has cut its way through the gum & all cause of irritation being thus removed the fever & the discharges both subside. In children it is very difficult nay almost impossible to determine the amount of pain from which they suffer but I

am inclined to think that in many cases ~~at~~  
 least this form of disease is attended with a  
 considerable degree of colic so called or rather spasm-  
 ing which if not attended to renders the little  
 patient tall around him for the time being  
 miserable. It is this restlessness constant scream-  
 ing of the child which make many unscrupulous  
 mothers dose their children with Opium which  
 has secured for Dr. Winstons soothing Syrup &  
 other similar preparations such an important  
 place in the nursery. Amongst the lower orders  
 (Especially of Scotland for I have not observed the  
 practice since I came to England) Laudanum  
 is used in a most reckless & almost unparalelled  
 manner & I am certain although I never  
 could get positive proof that I have seen more  
 than one child whose premature death was  
 principally owing to the unscrupulous use of  
 this drug. It is a remedy which almost every  
 house contains & I have known mothers give

is to their children in such cases which had I ordered them would have seriously disturbed my peace of mind. Such is the course & progress of a case of Simple Diarrhoea. It usually yields speedily to treatment but a few days the child may be perfectly well. If on the contrary however it is allowed to go on unchecked it may speedily become dysenteric & pass from one of little gravity to a condition full of the gravest dangers. The Diarrhoea which marks the convalescence of Measles is one of the most troublesome as well as most intractable of its sequelae but several instances I have known in occasion the death of the child. The very last epidemic of Measles which I saw which broke out in a mining village contributed a very large number of cases of diarrhoea. To the Measles but a little attention was paid the Dr. perhaps never consulted till he was called in on account of the over active state of the bowels which was supposed to be due to



### The "dys" of the Measles.

It has been noted how even cases of simple Diarrhoea may merge into the Inflammatory or Dysenteric. Now I will further consider the symptoms of this state. From the very outset which is generally sudden the disease is marked by a rapidity, severity of all the symptoms the child's life is at once placed in the greatest peril. As in simple Diarrhoea, this form is generally attended by vomiting, but of a more incessant nature, the stomach rejects every thing which in the desire to quench the burning thirst the little suffers eagerly swallows. The Diarrhoea is profuse & almost continuous, the sleepless mother even on the part of the child is followed by an evacuation. The stools speedily lose their healthy character. They become watery & almost colourless or of a dirty muddy aspect. Soon they consist only of unctuous mucus with here there little particles of faeces streaked with blood. The abdomen is drawn in contracted the skin is soft & plebeian

to the touch. It is to be expected that a condition like this cannot long exist without speedily producing marked constitutional symptoms. The child lies prostrate on its mother's knee, uttering incessant cries & all its features bear evidence of the great depression of the vital powers. The skin is cold & dry, the pulse very rapid, & very shortly from the excessive drain upon the system that condition is induced to which the name "Spurious hydrocephalus" has been given. In this state the child falls into a heavy dose with the eyes half closed, starting every now & then in a few moments subsiding into its former condition. The head is rolled about in a restless & uneasy manner there may be some twitching of the extremities. It is in this condition that the parents or those in charge of the child dreading a convulsion are immediately possessed with the idea that the head is the seat of disease. This opinion they persistently stick to based as it generally is on the dictum

of some old wife who is regarded as "shilly" in children's diseases. But it is much to be feared, for my own part I will at once plead guilty, that this is a mistake which many medical men, especially those who have seen little or nothing of infantile diseases before entering practice are most apt to fall into. And what a mistake! On the accuracy of his diagnosis most probably depends the issue of life or death. On the one hand by recognizing that the cerebral disturbance is but the consequence of excretion, by so directing his treatment to sustain the vital powers & favourable issue may be hoped for, while on the other hand if he is misled on perhaps by the entreaties of the friends to treat the by decephalic com. delirium as something truly cerebral kindling his brain mischief to but asserts in the approaching dissolution. Leeches are applied, the child is copiously depleted, the result of this most active treatment is perhaps to usher

in a convulsion, the child becomes comatose and in this state rapidly dies. Dr West truly says "Diarhoea is the exciting cause of the greater number of cases of that spurious hydrocephalus in which cerebral disturbance from debility stimulates real inflammatory disease of the brain" - But when matters have arrived at this point it is not uncommon for the diarrhoea to cease where it is necessary to exercise caution in respect to our prognosis as we may fail to bring about reaction the child may speedily die. In this country it is not usual to have a very rapid termination such cases being more common in warmer climates where infantile cholera, dysentery and haemorrhage amongst the children causing death perhaps in a few hours from the commencement of the attack.

But supposing the child to have got over the acute dysenteric attack, that the diarrhoea & sickness have abated there is still the danger that a too early return to indigestible & unassimilable

food may produce a relapse or perhaps a series of  
 relapses which at length end in the case assuming  
 a chronic form. The motions become very numer-  
 ous varying in character, generally very fetid &  
 the little sufferer is reduced to a state of great  
 emaciation. Sometimes the food is passed just  
 as it has been swallowed & even a drink of water  
 may suffice to produce an evacuation of the  
 bowels. The child becomes reduced to a perfect  
 skeleton his powers of maintaining the proper heat  
 of the body are notably diminished, the extremities  
 being almost always cold. In an advanced stage  
 the tongue becomes coated with aphthous patches  
 or the whole mouth is covered with thrust. In  
 such a condition with the vital powers so  
 feeble it takes but very little to cause the death  
 of the child: a slight increase of the draught  
 or the occurrence of some other disease speedily  
 inducing a fatal termination.

I have before alluded to the frequency with

which Diarrhoea occurs after Measles & diarrhoea  
 has troublesome is often is. And if we consider  
 that Diarrhoea "per se" often sets up bronchitis in an  
 otherwise healthy child it is not difficult to under-  
 stand how the bronchial catarrh so often connected  
 with Measles may likewise, sympathetically affect  
 the bowels. In this one case we have the bowels  
 first affected, then the bronchitis; in the other  
 case the bronchitic symptoms are the first to  
 appear the Diarrhoea being only a secondary  
 phenomenon but one which very often materially  
 increases the danger of the case. These are, indeed,  
 just the class of cases in which from a mistaken  
 notion that the proper evacuations are but  
 the "cleansing" of the Measles consequently injurious  
 to the system in which the Diarrhoea is allowed  
 to persist & becoming chronic lays the founda-  
 tion of weak & feeble health, may even  
 develop in the child a plethoric tendency  
 as regards the Post. Menses aspect.

In cases in both severe acute Chloronic Dysentery  
 the pathological conditions are the same. It is  
 the large intestine which is most uniformly affect-  
 ed. There is increased vascularity of the mucous  
 membrane round the base of the membrane cover-  
 ing the solitary glands. In the next stage there is  
 ulceration of the glandular mucous membrane,  
 is destroyed. If the diarrhoea has continued for  
 any length of time the submucous coat of the  
 large intestine becomes thickened, most notice-  
 able in the rectum sigmoid flexure. In the  
 small intestine the changes are most marked  
 about the ileo caecal valves or the nearer we  
 approach to them. Peyer's glands are often affect-  
 ed: sometimes a few are congested & swollen  
 ulceration even has been observed. Lastly  
 the mesenteric glands even in the vicinity  
 of the diseased large intestine deviate but  
 little from a state of health.

And now we come to the Treatment

of Infantile Diarrhoea is obvious that here again we must refer to the classification already observed for the different forms of the disease require different remedies.

(1) Simple Catarrhal Diarrhoea. The stomach in these cases being often very irritable the first indication in order to get the proper benefit from our remedies is to overcome this irritability. We will suppose that the child is at the breast & deriving most if not all its subsistence from the mother's milk. It must at once be taken from the breast so long as the vomiting continues allowed nothing but a little barley water & perhaps a drop or two of brandy may be given. Should this however be found to aggravate the vomiting it must be stopped. So soon as the stomach becomes quiet the child may be cautiously again tried with the breast but it should not be allowed to remain too long at a time, a mistake which is



frequently made. The mother thinks that as the  
 child has been vomiting, so long & must necess-  
 arily be weak, it cannot possibly have too much  
 nourishment - It is consequently allowed to drink  
 its p<sup>r</sup>is, & during the operation may possibly fall  
 asleep, only however to be soon awakened with  
 recurrence of the former symptoms. There is  
 nothing of more importance in this affection,  
 as indeed in all forms of dysentery, than the  
 proper dieting of the patient & in children who  
 are already weaned they must for the time  
 being be restricted to milk & lime water.  
 A mustard poultice may also be applied  
 over the stomach which often materially assists  
 in removing the acrimony. On the principle  
 of similaris similibus to have often used Sp.  
 scaccian in steep doses every hour & in many  
 cases have had reason to be much satis-  
 fied with it. In others however I have found  
 it of no avail & must confess I am as

yet unaware of the special conditions present which tend to success or non-success in its administration. I think however that I have seen most benefit from it in the diarrhoea that comes on in connection with teething, when successful it speedily relieves the irritability of the stomach, although the diarrhoea may require some additional treatment before it entirely disappears. In general after leaving got the stomach fixed I usually employ Sulphuric Acid with perhaps a little Chloric Ether, & also at least twice give the child some powder Perry Powder directing also that it should have a mustard bath each evening. Should the mucus be pale clayey, partly stinking as they often are I have recourse to the method described by Dr. Keizer give one drachm of a grain of Iry Powder every hour or two hours till the natural bitterness of the stool is

restored. In simple diarrhoea these remedies generally suffice, although should the bowels remain loose for some time recourse must be had to some of the ordinary astringents such as Catechu, logwood & chalk mixture, for it must not be forgotten, that the longer the discharge continues the more difficult is it to cure. There is positive danger in allowing it to become chronic.

(2) Inflammatory Diarrhoea. It has before been observed that cases of simple diarrhoea, uncomplicated, are seldom or never fatal. Often of themselves tend towards recovery. In the form we are now discussing, the same unfortunately cannot be said, many of them proceeding to a fatal termination in a very short time. This is particularly true of cases of infantile cholera, but I will not at present treat of this severe though allied form.

This form of *Dysentery*, the Inflammatory, like  
 the last, the Catarrh, is generally ushered in  
 with great irritability of the Stomach from  
 whence it is necessary to have recourse  
 to the same plan of treatment to meet this,  
 taking the child from the breast giving it  
 nothing but barley water & applying a  
 mustard poultice to the Stomach. When this  
 condition has been combated if there is much  
 steaming a mixture of Castor oil  $\frac{zj$ , Morphine  
 $\frac{ss}$ , Chloroform, suspended in mucil.  
 is often productive of the greatest benefit  
 & the Castor oil may be combined with Laud.  
 anem. with equally good results. If the  
 motions are slimy mixed with blood a  
 weak solution of bichloride of Mercury,  
 in the strength of a single grain in ten  
 ounces of water of which the dose is a tea-  
 spoonful has in my hands often proved  
 useful. It may be employed in either the

acute or chronic form, the special indications  
 for its use being the slimy character of the  
 stools. If the diarrhoea from the first be so  
 severe, the sickness so incessant as almost  
 to constitute infantile cholera, it becomes of the  
 utmost necessity, that the treatments adopted  
 should be such as the gravity of the case de-  
 mands. The proper discharge must be checked  
 as speedily as possible, for this purpose,  
 nothing answers so well as an emulsion of  
 Marsh-Mallows. The addition of some  
 acetate of lead or Sulphate of Copper renders  
 the injection still more astringent. For a  
 child about half an ounce is sufficient to  
 use at once: a greater quantity is apt to irritate  
 the intestine to contract & keep the  
 emulsion, the child also should be put into  
 a mustard bath kept there for a few  
 minutes. It is then removed thoroughly dried  
 by hot towels to prevent the process from repeating.

ed three or four times a day -  
 but let us suppose that the disease has been  
 very severe has run a very rapid course that  
 when called in we find our patient in the  
 hyperephoric state. What are now the in-  
 dications for treatment? I have already alluded  
 to the danger of mistaking this condition for  
 treating the symptoms as if they were truly  
 cerebral. The child is lying, half closing on its  
 mother's knee, rolling the head occasionally  
 from side to side, but it has not had an  
 actual convulsion there may probably be tonic  
 clonus of the extremities. If the disease  
 has not subsided it must be checked at  
 once, although generally at this stage there is  
 a full febrile effort must be made to restore  
 stimulate the vital energies. I do not say  
 that stimulants should not be given earlier  
 in the disease; on the contrary I employ them  
 almost from the outset certainly never

their administration becomes a necessity. I have  
 generally used brandy but in several cases have  
 noticed that its exhibition was not well toler-  
 ated, in these cases I have recourse to good  
 whiskey with the best results. The addition of  
 a small quantity of camellian with the brandy  
 heightens its effect but the former must be  
 sparingly used whilst the latter must be em-  
 ployed with rather a liberal hand, not  
 large quantities at a time, but small top  
 repeated. Along with this Arsenic Acid  
 may be given particularly if the child  
 manifests a repugnance to the more im-  
 mediate stimulants. The greatest attention to  
 diet must be enforced, the child kept simply  
 on milk & rice water till the more urgent  
 symptoms pass off no solid food of any  
 kind should be allowed till the disease  
 begins to yield even then great care is  
 required in allowing animal broths or meat.

Should the disease pass through the acute stage it not infrequently happens that the diarrhoea still persists with much of its dysenteric nature even the case assumes a Chronic form. The motions may be very offensive, muddy looking or green coloured & as many as ten or twelve may be passed daily & the excretions may contain mucus blood or pus. With such a profuse & constant discharge it is impossible that the child can derive for no matter how eagerly it may take food it is swept through the intestines before any of its nutritive elements can be absorbed into the system. The child consequently becomes more & more emaciated some times to such a degree as to make it become a new object of pity. Evidently the proper indication for treatment here is to stop or at least moderate this excessive discharge but this is not always easy of accomplishment.



No disease perhaps has continued so long that  
 there is considerable ulceration of the intestinal  
 mucous membrane. It requires long & careful  
 treatment to overcome this condition. Now  
 is the time, of all others, for the administration  
 of astringents. There at this outset I would  
 wish above all others unhesitatingly to de-  
 clare for the virtue of Kino. I was led first  
 to use it when acting as assistant in a large  
 mining district where chronic infantile  
 diarrhea was very common. I have had numer-  
 ous opportunities of judging of its efficacy  
 & I think may say that I have scarcely ever  
 known it to fail. This I know it has succeed-  
 ed when other remedies have failed. I gener-  
 ally give it in grain or two grain doses  
 three or four times a day sometimes  
 alone but usually combined with a little  
 Dover's Powder. It is easily taken in pills  
 Its administration may be continued as

long as the diarrhea exists. Its success is due, I doubt not to its action as a nervous tonic on the muscular coat of the bowel whereby it prevents that undue relaxation which is too often the continued cause of Chronic Diarrhea. I have tried Infusio of Limes with Nitric Acid as recommended by Dr. Rudolph Smith, but although sometimes successful, I have not obtained such uniform success from it as from the Oxide of Zinc. But whatever attempts we may employ a careful regulation of the diet must in all cases be insisted on & as I have to prescribe I should believe a want of due observance on this point contributes most of all to render all our efforts at treatment futile. Milk when it agrees is digested is the suitable food for such children but should it be found that it does not suit his system almost as soon as it is swallowed we must allow beef tea & broth the great indication being to keep up

The child's strength saves the tendency to death. Here the raw meat treatment, as recommended by Dr. Weisse of St. Petersburg, plays an important part. The meat should be cut up into very small morsels, put into a mortar worked into a thick mass. The pulp so made is passed through a colander as fine as to prevent nothing to pass except the juice of the meat. A ~~small~~ quantity should be given at first in case a diarrhea should be taken to it. For some days after the commencement of this regimen it is very usual to find the raw meat almost unchanged in the stools, but in spite of this it is soon found that under this diet the diarrhea ceases & the child begins to regain its strength. Such is the raw meat system & a very good one it is too if one could only get it properly carried out but in my experience I have found this most difficult of accomplishment. I have ordered it often

but in only two cases do I know that the diet was actually adhered to. In one of these I have no hesitation in saying that it saved the child's life. In this case the diarrhoea was profuse & continuous, the stomach so irritable that it would bear almost nothing & the child in consequence so much emaciated that I thought it must necessarily die. Had I had of the kind of treatment but having none, I must confess that I was rather sceptical. However I resolved to try & experimented with its administration myself. The child took it eagerly & lived on it for days, with the result, that the diarrhoea speedily ceased & the child gradually got back its lost strength. In the other case which was simply one of chronic diarrhoea which was for the time relieved by abstinence but never positively cured I had recourse to it & was gratified to find that by continuing it for some

Time the Decubitus was completely cured, but  
 so far as my experience goes you cannot get  
 this plan of treatment carried out amongst  
 the lower orders. You may get it commenced  
 in a way, but the trouble involved in its prepa-  
 ration does not commend it to them  
 as a suitable means of treatment. Besides when  
 you do get them to try it they generally think  
 fit to supplement it by giving the child  
 all kinds of adventurous food, whereas  
 during the time that it is on this regimen  
 it is indispensable to forbid the use of any  
 other kind of aliment, tall drinks except  
 nutrient drinks - whatever food be given  
 the child it should be small in quantity  
 & administered frequently. The child should  
 also be warmly clad & flannel rollers  
 should be placed round the belly as  
 Dr. Smith suggests. To complete the  
 cure it is also advisable to put the

child in the course of time on tonic treat-  
 ment by giving it Remul. of Iron & Quinine  
 or Methylchlorin Acid. I have tried Repasil,  
 but cannot say with much satisfaction how-  
 ever, I confess, my experience of it is as yet  
 too limited to form anything like a definite  
 opinion -