

THE SUMMER DISEASES OF INFANTS.

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The greatest amount of difference has existed among writers regarding the nomenclature and varieties of these diseases. On one hand French authors give no fewer than fourteen different varieties, distinguished from each other according to the portion of the intestinal canal attacked, nature of discharges, &c.; while on the other hand, especially with later writers, and more particularly with English and American observers, it appears to be the aim to describe the varied conditions of infantile summer diseases under a few comprehensive names.

Dr. West, in his *Diseases of Children*, gives two classifications, viz., simple and inflammatory diarrhœa. Dr. Flint, in his *Practice of Medicine*, confines the subject to a chapter upon cholera infantum, and makes that caption do service for all; whilst Dr. J. Lewis Smith, whose work on *Diseases of Children* is at once the most complete text-book in the language for students and reliable guide for physicians practising on this continent, sums up his experience under three or four headings.

Regarding the causes, symptoms, and pathology of the summer complaint, a suitable classification appears to me to be the following:—1st. Simple non-inflammatory diarrhœa. 2nd. Inflammatory diarrhœa, or, according to Smith, intestinal inflammation of infancy, and 3rd. Cholera infantum, or choleriform diarrhœa, which may be the disease known in Britain as Watery Gripes.

Before entering into a description of the above classes, it may be well to state that the usual course of unchecked non-inflammatory and choleriform diarrhœa is to become inflammatory.

The chief cause of non-inflammatory diarrhœa is error in diet—either unsuitable food or excessive quantity. It is not necessarily a disease of summer months, but may occur at any time from the presence of indigestible food, or an amount of nourishment taken into the stomach greater than the child is able to digest.

The great majority of children are guarded from the evils of over-feeding by the provision

made by nature that any excess is vomited. Those not able to get rid of the surplus in this way are especially liable to disordered action of the bowels. The retained excess over-stimulates and irritates the intestinal follicles. The child's food may also disagree with it owing to the unhealthy condition of its nurse or to colostrum retained in the nurse's milk. Another great cause is cold. Ill-clad children and those unprotected by that most important article of an infant's dress, a flannel abdominal bandage, are especially liable to attacks of this form of diarrhœa. Among other causes are teething, worms, and mental impressions, retrocession of cutaneous eruptions and some particular article of diet disagreeing.

Symptoms vary with the cause. If produced by fright or cold, diarrhœa begins immediately. There may be some constitutional disturbance when improper diet is the cause, such as restlessness, passage of undigested food, tenesmus and flatulence. As the disease advances loss of flesh is noticeable, and a waxy paleness of the face. There is no constantly feverish condition.

I shall not here allude to the anatomical differences found in the three classes of these diseases, but shall hereafter refer to what are considered by pathologists as characteristic appearances.

The form of disease now being described is not dangerous in itself, in fact, at times it may be a means of removing irritants from the intestines. The danger is that if unchecked and if suitable diet, &c. be not given, the disease may become inflammatory. The treatment consists in removing the cause.

If the child is wet-nursed, make sure that the nurse is in good health. If spoon-fed, change the articles of diet until it is discovered which is most suitable. The medical treatment is very simple. If the discharges are acid, as they nearly always are, give an alkali in combination with a mild laxative, and a sedative if necessary. In general an alkaline laxative will be sufficient. If such treatment is not capable of relieving the patient, it will be found that the disease has likely assumed the inflammatory character.

This disease is more common among weakly children than those of more robust constitution.