

All that these infants require is a calomel powder at bedtime, followed the next morning by some castor oil, which must be continued till the alvine excreta resume their normal appearance, which is too well known—at least I hope so—to my readers to need specifying. However, as it is the generally-received opinion of the profession that calomel produces green stools, irrespective of the condition of the patient, I do not think I shall be erring on the wrong side when I tell them that when an infant is in health the ejecta are as yellow as mustard, whether it is administered or otherwise.

When the convulsive attacks proceed from the presence of worms, *santonin* should be combined with the calomel, and should always be given at night-time, to be followed the next morning by some castor oil. This course should be perseveringly persisted in till the motions are natural, which will very soon occur after the expulsion of the parasites. There is not the slightest fear of mercurialization, nor will the *santonin* cause retention of urine, and neither will the convulsive attacks be increased, for the very reason that the *santonin* has not sufficient time to resolve itself into *xanthopsin*, on account of its being eliminated by the castor oil.

If the convulsions proceed from the irritation produced by the *oxyuris vermicularis*, or the *ascaris vermicularis*, commonly known as the thread worm, the best treatment to pursue after the motions have become normal (which will by no means take place till the worms have been expelled) is to inject some infusion of *quassia* or salt and water into the rectum. This is comparatively useless if the administration of calomel and its adjunct (if I may so term castor oil) is omitted; for though those minute parasites are supposed to infect the rectum only, they would no doubt be found, though perhaps fewer in number, in the sigmoid flexure and descending colon, if they were searched for on a favorable opportunity, which could only be in a post-mortem.

Depending simply upon an injection in those cases is really not of much benefit; if I may be allowed to make a comparison, it is like clearing out the lower part of a drain-pipe and leaving the upper portion foul and impure.

I have already mentioned the treatment which should be followed out during teething, and I think I have clearly demonstrated the disadvantages accruing from the administration of the *hydrargyrum cum creta* and the advantages resulting from calomel, and the remarks I have made regarding them will also apply to nearly all the diseases which are prevalent in infancy.

I shall now pass on to consider those other complaints in which the administration of calomel is advisable. The most common after convulsion is diarrhea—a medical bugbear which, when once it commences, frightens the mother and causes the medical man to resort immediately to a very silly mode of practice, but which at the present day is regarded as a very scientific procedure; and the

antidote (presumed to be such) is to be found in the British Pharmacopeia, and accordingly it is given with great faith when diarrhea shows its hideous presence, in the vain hope of—stopping it.

What is diarrhea? and what causes it? and why should we be in such consternation when it occurs? We will examine and answer these questions from a practical common-sense point of view.

First. What is diarrhea? The answer is simple, and not at all difficult of comprehension. It is the endeavor of nature to get rid of an evil, and the evil is nothing more nor less than a collection of fecal matter in the intestinal canal. In the majority of cases what else can it be? If the coats, especially the muscular, of the intestines are weakened to any extent in an infant there are very few chances of its ultimate recovery, because the weakness depends upon some organic mischief, which is not to be remedied by human means. Now if the diarrhea originates from such a condition all the chalk mixture in the world will not stop it; and most probably if the administration is too often repeated the child rather succumbs to the pernicious effects of the astringent than to the diarrhea. Here in these cases, by-the-by, we administer chalk to stop the action of the bowels, and in other cases we combine chalk mercury to open them—contradictory, there is no denying; but then it is accounted correct treatment.

Second. What causes diarrhea? The contents of the intestinal canal and the efforts they make to get out—nothing else. They have done their duty; all nutriment has been extracted from them; they are therefore useless, and nothing else than an incumbrance, and consequently the sooner they are ejected the better. Nature is of the same opinion, and accordingly sets to work, and would perform her duty alone and single-handed were the fecal contents in their usual amount and normal condition; but it is not so; the infant no doubt has been previously stuffed or rather overfed by a too anxious parent. The intestinal canal is too full, and as a natural consequence diarrhea results, which is the strenuous efforts of nature to rid herself of an irritating load, which we scientifically endeavor to prevent by the prompt administration of an astringent in the shape of chalk-mixture. In these cases nature requires the helping hand to lift her over the difficulty, not to be thwarted or antagonized by the administration of drugs of an astringent tendency. Such treatment is not only outrageous, but discreditable to medical science; and I regard it as such, however strongly and indeed cleverly it may be advocated by those who are thought more competent to decide than others; for the arguments they advance with such plausibility are entirely based upon theoretical knowledge (or practical ignorance) rather than upon sound principles of practice and careful investigation into the varied phenomena of health and disease. I am afraid that we regard the human organism as a piece of workmanship much more