

Suggestions for reducing the Prevalence of Summer Diarrhea in Infants.—T. S. Southworth says that a large part of the responsibility for the great infant mortality which recurs each summer rests on the medical profession, who have failed in their duty in anticipating such trouble by suitable prophylactic measures. These should date from the very birth of the child, and one of the most important is to urge breast nursing in place of bottle feeding. Over ninety per cent. of the deaths from gastrointestinal disturbances occur in bottle-fed infants, and it is safe to assert that the surest protection against the death of an infant from summer diarrhea lies in normal breast feeding. If the secretion of milk is scanty, it should be used for part of the feedings at least, and every effort should be made to encourage the flow. Much has already been accomplished in the way of educating the masses regarding the value of pure milk, but there is still a great deal to be done in this direction. Even after uncontaminated milk has been secured, however, it must be properly modified and kept cold, carelessness in the latter respect being sufficient to defeat the best intentions of the physician. Errors in weaning, neglect of apparently mild attacks of diarrhea, and the common diagnosis of teething, which is used as an excuse for almost any evidence of bodily derangement, are factors that must be combated. The sucking nipple is another distributor of infection that must be abolished. The physician's day's work, even if he sees a child but once, is to seek out and correct errors in nutrition, to combat popular misapprehensions, to further the use of clean milk, to warn the mother that at the very beginning of loose movements in summer she should stop the use of cow's milk in any form, clear out the bowels with castor oil, give water or cereal gruels only, and send promptly for the physician, since delay is so often fatal. Only through such personal, painstaking instruction of the masses can the desired end be accomplished.—*Medical Record*, July 29th, 1905.

Chloroform and Ether Anesthesia.—C. T. Souther, Cincinnati (*Lancet-Clinic*, Cincinnati, Ohio, July 8th), calls attention to the fact that often too little consideration is given to the qualifications of the anesthetist. He mentions the various appliances for the administration of chloroform and ether, and the difficulty encountered in most of them when using them for male patients who have beard and moustache, and also says that these appliances can not be used, as a rule, in excision of the jaw and in operations on the hard palate. He describes in detail the method of preparing a patient for an anesthetic, and the method of its administration. He states emphatically that the patient should not be told to take long, deep breaths, but should be encouraged to breathe easily and naturally. He also states that in