

TREATMENT OF GASTRO INTESTINAL CATARRH.*

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IN presenting the accompanying paper—the treatment of acute gastro intestinal catarrh in infancy—I limit the term to those cases of intestinal derangement occurring most frequently in children under the age of two years, and confined chiefly to the summer months.

I think a more or less common error, especially among the younger practitioners, is a failure to attach due importance to this branch of pædiatrics, and, in overlooking the fact that we are dealing with an extremely delicate organization in the infant, to modify the treatment on the plans most commonly observed in adult cases.

Although of a very susceptible constitution and prone to the contraction of disease, the child, on the other hand, possesses great elasticity, and it is this very sensitiveness to surrounding influences, which forms in our prognosis a potent factor for good or evil, as readily responding to proper management as to succumb to injudicious measures of treatment.

On considering the most recent views on the etiology of this affection, it becomes evident that the cause is of a toxic nature, some bacteria probably being ingested with food, others produced as the result of its decomposition, and a few which are no doubt always present in the intestine, awaiting only a condition of lowered vitality and perverted secretion to excite an acute diarrhœa.

Without doubt, in the large majority of cases, the disease is, in its primary stage, a condition of gastric indigestion, perhaps at first scarcely noticeable, but gradually leading to those fermentive changes in the stomach contents which originate the trouble.

The direct cause in many cases, can be traced, not so much to the influence of great heat, or to the ingestion of contaminated food, as to the habit of indiscriminate feeding in children under two years of age, and I have frequently found on enquiry from the parent, that previous to an attack, the child had committed some gross indis-

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