

Regarding the etiology of the so-called Summer Diarrhoea many and diverse theories have been advanced. Age, constitution, food, methods of feeding, teething, even thermic atmospheric and telluric phenomena have in their turn been brought forth to explain it. It is now conceded by the best authorities that while the above conditions may precede and even predispose to Summer Diarrhoea they cannot produce it. The recent labors of Baginsky in Germany, Booker and Siebert in America have demonstrated beyond doubt that this disease is of infectious origin; that it is due to a poison produced by certain forms of toxicogenic bacteria of the *Proteus* type; that milk is the natural culture medium of these bacteria and that milk is the vehicle by which these germs or their poisonous products are carried into the intestines of the child.

Clinically we have two forms of infectious or Summer Diarrhoea,

(1) Subacute Infectious Diarrhoea.

(2) Acute Infectious Diarrhoea, or True Cholera Infantum.

The Subacute form is milder in its course and the poison upon which it depends is less intense, but being more wide-spread it is responsible for a greater number of deaths than the Acute form. The Subacute also shows greater variation in its clinical course. We have mild cases in which the onset is gradual, the child is restless, fretful, elevation of temperature slight, may or may not vomit, stools are frequent, thin greenish or brown, in the course of a few days the diarrhoeal discharges sweep the poisons out of the system, the child becomes restful, stools less frequent, appetite and digestion improve and convalescence is established. In the more severe type the onset is sudden, symptoms develop rapidly, temperature 103° F. or 104° F., skin hot dry, vomiting and purging come on, thirst is insatiable, colicky pain is severe, a large quantity of flatus is expelled when the bowels move. The rapid absorption of the poison, the incessant vomiting and frequent watery discharges from the bowels make a profound impression upon the heart and great nerve centres, and very soon the whole aspect of the child is indicative of serious illness. When the initial shock has passed the symptoms usually abate somewhat and a child with good constitution and favorable surround-