been continued for months, sometimes two or three enemata being retained in the bowels for some time before expulsion took place, with the result of causing such dilatation of the colon as to crowd up the heart and lungs, producing dyspnœa and impeded circulation, and great abdominal distention.

Puncture of the bowels with a small trocar was used in one case with success; this being followed by the use of abdominal bandages.

The method of treatment he has found most satisfactory is the continuous use of non-stimulating purgatives, especially the salines, together with the administration of strychnia and belladonna in all cases of long standing, where atony is probably a feature.

For young infants he employs the carbonate of magnesia, given in doses of gr. x to gr. xxx, once or twice a day in milk.

For older infants and young children a mixture of the sulphates of magnesia and soda in a little larger doses than the above, together with strychnia, belladonna, and iron, if the case is a chronic one.

In older children a nightly pill of aloin with the last-mentioned drugs is advised.

Attention to diet, exercise, bathing, and habits generally, is not overlooked by the writer. Great benefit sometimes results from systematic massage of the abdomen with castor or cod-liver oil. *Archives of Pediatrics.*

THE ANTISEPTIC TREATMENT OF SUMMER DIARRHŒA.

At the annual meeting of the New York Academy of Medicine, held January 6, 1887, Dr. L. Emmet Holt read a paper on the "Antiseptic Treatment of Summer Diarrhœa" (*Medical Record*, January 15, 1887). The speaker stated that he did not undervalue other methods of treatment than the use of drugs, such as careful feeding, change of air, etc., but the object of the paper was to discuss what additional measures were useful.

All the causes of summer diarrhœa—excessive heat, improper or artificial feeding, and bad hygienic surroundings—united to produce a dyspeptic condition, which was really at the bottom of nearly all of these cases. The age showed it could not be heat alone, for the disease was not frequent at the most tender age,—under six months. Of 431 cases, only twelve per cent. were under six months, while fifty-nine per cent. were between six months and two years. The explanation was that under six months most of the children were fed at the breast. Improper and artificial feeding was quite as important as heat, as Hope had found in 591 fatal cases that only 28 had no food but the breast.

Heat depressed vital energy, increased decomposition in the streets and sewers, and thus vitiated the atmosphere; but, most of all, it produced in the food given to young children putrefactive changes before it was taken into the stomach.

This was especially likely to occur with milk. One instance was cited of every one of twenty-three healthy children being taken in one day with diarrhœa from bad milk.

Closely related to this subject were the poisons produced from food, or ptomaines. Brunton had stated that most of the alkaloids produced from the decomposition of albumen caused diarrhœa. It was believed that many of the nervous symptoms in summer diarrhœa had their explanation in the effects of these alkaloids. This was true especially where the discharges were abruptly arrested, either spontaneously or by opium. They were to be looked upon as a form of toxœmia.

The inflammatory changes found in the intestine were to be looked upon as a consequence of the diarrhœa rather than the cause of it. The most marked lesions were always found in the cæcum and sigmoid flexure, just where the irritating substances were longest detained in their passage.

Immense numbers of bacteria were found in the discharges, but no sufficient evidence had yet been adduced to establish the existence of a special microbe as a causative agent.

The indications for treatment were four: 1. To clear out the bowels. 2. To stop decomposition. 3. To restore healthy action in the alimentary tract. 4. To treat the consequential lesions.

It was proper to begin with a cathartic in all cases unless the stomach was very irritable. Castor oil was by far the best. If much vomiting were present, a copious injection of water, enough to wash out the colon, should be given.

Many mild cases could be cured by the oil alone, provided suitable dietetic regulations afterwards could be carried out. In severe ones it gave only temporary benefit.

For the second and third indications an antiseptic should be given and the diet carefully regulated. The best antiseptics were sodium salicylate and naphthalin. The former should be given in doses of 1 to 3 grains, according to the age of the child, every two hours, and the latter in about double the dose.

If vomiting were present, all food should be stopped for from twelve to twenty-four hours, and thirst quenched by thin barley-gruel or mineral-waters,—cold, and in small quantities.

Unless the child were upon the breast, in which case it should, of course, be kept there, it was better to *withold milk entirely*. Wine-whey, animal broths, expressed beef-juice, or even raw beef, could be used, and were usually sufficient.

To meet the fourth indication—*i.e.*, to treat the lesions—astringents by the mouth were useless, with the possible exception of bismuth. The diet should be as carefully looked to in chronic cases as in acute. The antiseptic should be continued, to check fermentation and decomposition in the intestine, and the large intestine should be washed out once a day with pure water or a weak antiseptic or astringent solution.