

INFANTILE DIARRHEA.

At the Harveian Society on Feb. 20th, 1873, Mr. H. Cripps Lawrence read a paper "On Some Forms of Infantile Diarrhea."

Adopting the classification of Copland and West infantile diarrhea was considered under the forms of bilious, serous, mucous, and lenteric, and as presenting a non-inflammatory, or an inflammatory dysenteric type. Reference was made to the above in relation to clinical experience, pathological teachings, and the results of therapeutical agencies.

Clinical Experience.—Several clinical symptoms were noted, and the author pointed out how fully they established the multiform nature of the disease. The necessity for a careful study of the symptoms in every case was considered essential to the comprehension of the etiology of the malady. The etiology was treated of, in reference to the diarrhea which precedes, accompanies and succeeds weaning.

Clinical Symptoms.—Copland suggested that irritation of the duodenum in the vicinity of the common duct may act as an exciting cause of vinous diarrhea in infancy; the author believed that in some cases the coagulated casien of undigested milk may prove a sufficient origin for an irritation. Another practical point referred to was the value of nature's indication for rest in relation to thirst in severe diarrhea. The infant refuses to suck, probably because the act induces increased peristaltic action in the intestines associated with pain, while small quantities of cold water given by the spoon are relished. The initial system of most importance to the disease was considered to be vomiting; much value was attached to the initial symptom in disease, and the author referred to the late Professor Niemeyer's paper on the symptomatic treatment of cholera. To support this view he drew a parallel between the symptoms presented by severe cases of infantile diarrhea and those of cholera, attributing the similarity in the symptoms to the implication of the ganglionic system.

Pathology.—The intestinal lesions which occur in two forms of infantile diarrhea were compared.

I. In cases of atrophy with diarrhea, from improper feeding, resulting in virtual starvation.

II. In inflammatory dysenteric diarrhea.

In the first cases, the disease in the colon is trival and secondary to the serious changes in the small intestine. In the second class, the small intestines are secondarily affected, and the changes in them subsidiary to serious disease in the colon, lower part of the sigmoid flexure, and rectum. Complete examinations are necessary, as medical men may have to give evidence in relation to many cases in connection with the Infant Life Protection Act, and the different medical evidence would be mainly based upon the pathological condition present as to whether an infant had died from starvation or diarrhea.

Treatment.—The treatment of infantile diarrhea was discussed as it attacks:—1. Infants at the

breast. II. At the time of weaning. III. In the inflammatory or dysenteric form.

Vomiting was an initial symptom of note; it should be arrested, as its persistence keeps up increased peristaltic action in the intestines.

I. *At the breast.*—Cold induces the serous and bilious forms. The body should be kept at rest in this and in all forms, the circulation gently restored, abstinence from the breast being necessary when the milk is vomited curdled and bile-stained; barley-water or plain water to be given by the spoon till the sickness abates, then small quantities of milk and lime-water, milk and soda-water; and later on, the breast milk with a few drops of brandy; and ultimately, suckling may be renewed. The coagulated masses of casien should be allowed to be rejected, before attempting to allay the vomiting, and a small dose of grey and rhubarb powder should precede the astringent treatment of these forms of diarrhea. Laxatives are inadmissible. When infantile diarrhea is epidemic, isolation or removal of the infant becomes necessary.

Maternal influences inducing diarrhea must be combated. Mental anxiety by consolation; too high living by moderation; too spare a diet by a more generous one. Colic and diarrhea in the mother require laxative or astringent remedies combined with antispasmodics and carminatives—an addition too often omitted. Abstinence from the breast is necessary for a few hours.

If the breast milk of the mother totally disagrees, a wet-nurse or artificial feeding will become requisite.

II. *At Weaning.*—Diarrhea ablaetatorum assumes a mucous or serous form, and requires an alterative and sedative treatment—e. g., grey and Dover's powder, preceded by a laxative if necessary.

The gums need only to be lanced if they become tense and inflamed; rubbing the gums with iced water generally relieves ordinary tension. Refrigerant salines, the warm bath, followed by grey and Dover's or the compound antimonial powder in proper doses, generally suffice to check this form of diarrhea. For sour-smelling evacuations Vogel recommends that the milk be alkalized by a weak solution (3j ad fl ℥ vi) of carbonate of soda.

III. *Inflammatory Diarrhea.*—Depletion, but seldom necessary, by leeches to the arms. Warm linseed-meal poultices to be applied every three hours. In this form, the late Dr. Baly found castor oil with a few drops of laudanum very useful. The above failing, enemata of mucilage or cold starch with a drop or two of laudanum are required.

Extreme irritability of the stomach requires a mustard plaster to the epigastrium, small doses of calomel and opium, low diet, bland fluids in small quantities. Irritability of the nervous system induces an hydrocephaloid condition, requiring support and sedatives.

Stimulants become necessary after the acute symptoms subside; and brandy given in definite quantities diluted with milk should be given in doses of not more than five to ten drops in a tablespoonful or more of alkalized milk, to an infant under one year