

ease is unsuspected because the attention is confined to another ailment.—J. H. Pryce, M.D., in *N. Y. Med. Journal*.

### THE CARE OF THE BABY DURING THE HOT MONTHS.

The heated term is now fairly inaugurated, and anxious mothers are already asking their trusted family doctor what shall we do for the baby? And how may summer trouble, so fatal to infantile life, be avoided?

Rachel is weeping for her children! Soon the little white insignia will hang from many a door-post in our large and populous cities, for

"There is no flock how'er tended,  
But one dead lamb is there;  
There is no fireside howso'er defended,  
But has one vacant chair."

It is far better to prevent than to cure disease, and, first a few words to the laity. Don't attach too much importance to the fact that the baby is teething and has to have summer complaint. A large part of the infant mortality may be laid at this door. It is not so much the presence of teeth, but the absence of teeth and the presence of indigestible food, which initiates the attack. This second summer business is not over-rated, but misapplied, giving us erroneous deductions as to pathology. I have no trouble in carrying thirty or forty infants in one asylum through the summer without a single case of summer complaint, provided my rules are carried out to the letter.

The dress of an infant below two years must consist of a sleeveless shirt of thinnest all-wool baby flannel, reaching to the crest of the ilium, covering the thorax and abdomen. This should be the only flannel worn and is necessary to protect the vital organs from being suddenly chilled by sudden change of temperature, as from perspiration, or thunder showers. No flannel skirt is allowed. A calico slip reaching to the feet, covering the breast and body, completes the rig, but there is no reason why a change corresponding to change in temperature should not be made. Up to the first of July one prolonged immersion bath should be given every morning; after July 1st and up to September 1st, this should be supplemented either by tepid sponging or tepid salt water bath every evening before retiring, both the sponging and the bath to be mildly salted.

For babies artificially fed care must be taken not to increase their food under the increased thirst, but filtered water should be given often in place of food. The digestive powers are weakened by prolonged heat and nurslings at the breast are applied even more frequently than in cold weather, because of their thirst, which should be relieved

by giving water boiled or filtered. In older children, several cups of nicely prepared Mellin's food should be given instead of hearty meals of meats and vegetables. All foods should be slightly salted either with pure table salt or phosphate of soda.

When the bowels become relaxed, especially with copious malodorous liquid actions, medical advice should be sought, rather than the counsel of the ubiquitous druggists. It may be said that this *quasi* medical man is the only person who, for a few dimes, is willing to assume the responsibility of pouring "medicines of which he knows little, into bodies of which he knows less." There is no field of practice in which antiseptic medications has proven so beneficial as in pediatrics and the heterogenous mixtures of chalk, kino and opium have been relegated to well deserved oblivion in infantile putrescent diarrhoea. The druggist is the only man who has not moved up, and it is exceedingly seldom that I get a case of summer complaint in infants belonging to the middle classes in which the druggist has not had the first pull with opiates and cordials, and this is the reason that a more marked diminution of mortality has not been recorded—from our improved therapeutics.

Very small and frequently repeated doses of calomel triturated well with sugar of milk, salol, guaiacol, thymol, beta naphthol, sulpho-carbolate of zinc and carbolic acid in lime water singly or in judicious combination without opium and an aseptic dietary will be the practice of the best physicians this summer. For cholera infantum, a disease entirely distinct from the ordinary summer diarrhoea, hypodermic medication should alone be thought of, and may be relied upon even in the most desperate cases. The practitioner should provide himself with a very fine outfit in the way of a hypodermic syringe, with very delicate short, sharp needles. A tablet of  $\frac{1}{2}$  morphine and 1 150 atropine should be dissolved in a measured drachm of distilled water, four drops of which should be injected in the youngest infant, and ten in infant of two years. In the vast majority of instances, a single injection is sufficient to arrest the vomiting and purging, and to make a decided determination of blood to the skin.

The advantages which I claim for this treatment are absolute safety, in the knowledge that a definite therapeutic dose has been absorbed; promptness of action; and arrest of all exosmosis. Medicines administered by stomach in cholera are entirely ineffectual, and when absorption takes place, after frequent repetition of doses, fatal narcotic poisoning attended by suppression of urine is the result. When, as is usual after the first quiet sleep, osmosis is restored, intestinal antiseptics may be administered. In dysentery, with mucous and sanguinous stools, salines and especially small and frequently repeated doses of