

who are bottle fed, are attacked by this disease, decided advantage may be obtained by procuring a healthy wet nurse. On the other hand a wet-nursed child may suffer from this disorder owing to presence of colostrum in the mother's milk, which may be ascertained by the microscope. In such a case it will be found advisable to change the nurse, or if that is not possible it may be safe to wean the child and begin a diet as nearly as possible approaching that of the natural aliment of a child of this age. Should these changes in diet, in conjunction with proper medicinal remedies, prove ineffectual, one very important measure still remains at our command, that of change of air. Attributable as this complaint is so very largely to atmospheric influences, and prevailing as it does so severely in crowded cities, the best possible results are obtained from removing the patient to an elevated, pure atmosphere. In my own limited experience I have had some opportunity of testing the benefits of such a change. During the summer of 1873 very many infants were brought to Collingwood from Toronto and Hamilton for change of air, many of whom were emaciated to the last degree. Some of these were taken on the boats sailing to Lake Superior, whilst others, apparently dying, were withheld from the long journey, because in their cases death appeared inevitable. Several of these latter were gently carried to the top of the Blue Mountains, which lie four or five miles to the west of that town, and are from 900 to 1,000 feet above the level of the Georgian Bay, and the result was almost magical. The puny, wasted little creatures seemingly began to improve as soon as they had reached the pure clear atmosphere of that elevation. I have had opportunities of observing the result of taking them upon the water also, and although the great change, quickly felt, might deter many physicians from sending delicate children upon those northern waters, yet from the opportunity of observing many such instances, I can speak most favourably of those that have come under my notice.

As one attack of this complaint predisposes to another, it would seem wise counsel to advise the parents of these children to not risk a return to the source of the disease until the

heat of summer has passed. The medicinal treatment of inflammatory diarrhoea as to selection of drugs is variety itself.

If called at the early stage it is no doubt a good practice to administer a laxative dose of rhubarb or castor oil, in order to remove undigested or indigestible substances from the intestines, after which preliminary treatment opiates, alkalis, and astringents are indicated, with enemata and external applications. Of the last I would like to notice the good effects I have obtained from anointing with olive oil. The child should have the oil gently rubbed over the stomach and bowels in considerable quantity, after which the abdomen should be supported by a flannel roller. The inunction should be repeated two or three times a day, and I would here suggest the preference which I believe will be found for olive oil over cod-liver oil. The latter, from its generally disgusting odour, is very apt to produce nausea and vomiting—conditions usually complicating these cases, and which are sometimes less easily controlled than the diarrhoea itself.

To recapitulate, it will be seen that the two forms of summer complaint now briefly described are closely allied to each other, they prevail chiefly at the same season of the year: they are, to a considerable degree, dependent upon the same causes, and are in a measure amenable to the same treatment, while the milder complaint not unfrequently passes into the more severe. There yet remains to be described a variety of summer disease which is of the greatest interest to the practitioner in a city, viz., cholera infantum or choleric form diarrhoea, so called because of the violence of its symptoms, which, in that respect, chiefly resembles Asiatic cholera. It is, however, quite distinct in its nature, and is not connected with epidemics of that disease. The term has been commonly applied to the greater portion of the diarrhoeal troubles affecting children in the summer months; but cholera infantum has sufficient points of difference to entitle it to be considered as a separate and distinct disease, and the term should only be employed to designate that variety of infantile summer complaint characterised by frequent watery, perhaps serous, stools, accompanied by vomiting.