

tive. relieving gastric flatulency. An infant does not need in the most extreme cases, say, of broncho-pneumonia, more than two ounces in twenty-four hours, and in diarrheal conditions two to four drachms is usually plenty. It is better to mix the daily portion at one time, say, two drachms in three to four ounces of sterilized water and give as required. I prefer good brandy for babies, as when diluted it is sweeter than whiskey and they take it better. Wines are not usually good, being either too sweet or too acid, and more apt to disagree. Holt says that in the acute gastro-enteric diseases the depletion is often so great and there is so little absorption of food that the patients must, in certain cases, be sustained by alcohol for several days. We need scarcely, however, nowadays add the warning that the drug should not be used simply from routine.

Other stimulants are ammonia, especially as the aromatic spirit, and caffeine, as cold tea or coffee.

*Antipyretics* as a class have but small place in the treatment of diarrheal disorders.

*Quinine* I should not recommend at all, both for its unpalatability, and because it upsets the stomach. Besides I can see no therapeutic advantage in it.

Of the three coal-tar products, phenacetine, antipyrine and antifebrine, the first is the least objectionable in all ways, and is often most useful, not as an antipyretic, though of course it acts so incidentally, but to control excessive nervous irritability, particularly in cases where a mild diarrhea threatens to complicate dentition. In severe diarrheas it should, I think, never be used, for depression will be quite severe enough without it, and water can control the temperature and the nervous symptoms as well.

*Antiseptics* should *a priori* be most useful, from what we have learned of the bacterial conditions in the alimentary canal. But in practice disappointingly small results are obtained. Foulness of stools is a special indication for their exhibition.

Salol is put first by some. I think it very risky, as nephritis is an ever-present danger in severe cases, and the infantile kidney is peculiarly susceptible to the action of carbolic acid—I have ceased its use altogether.

My favorite is bismuth salicylate, from one-half to three grains according to age. It is sometimes ill-borne and irritating. Others are calomel, bichloride of mercury, biniodide of mercury in one-fiftieth grain doses, usually with potassium iodide. "Of eighty cases, seventy-two cured in two days." (Luff, *Brit. Med. Jour.*, November 16th, 1898, quoted by Blackader, *Sajous' Cyclop. Pract. Med.*, Vol. IV.)

Arsenite of copper, benzonaphthol, menthol and thymol in