

The usual class of summer complaints, affecting children, did not prevail to any alarming extent during the past season, although numerous additions to the death roll from gastro-intestinal affections may be considered the normal issue of the summer campaign. The comparative immunity from these affections in healthy country localities points out the duty of the profession, and I presume that most of us now recommend the prophylactic method of sending the children out of town before what may be called the sickly season has commenced. The circumstances of many, however, prevent them from availing themselves of this advice. They are compelled to face the danger of the city, and are often called to mourn the loss of little ones, who may have become the objects of fondest hope and dearest affection.

I do not know whether my experience coincides with that of my medical brethren in the treatment of summer affections of children, but my greatest difficulty and discouragement has been the lateness in which medical aid was sought. Most of the fatal cases occurring in my practice, were utterly hopeless before I was called upon, and I generally found that the little sufferers had run the gauntlet of the domestic list of remedies, and had then been treated by some dispensing chemist who, when death became imminent recommended that a physician should be called—ostensibly, I suppose, in the interest of the patient, but more probably for the purpose of avoiding personal responsibility, and fixing it upon a medical man. I suppose there is no help for this state of things but, if in the right of choice by parents, a fatal course is pursued, for the sake of economy, they are themselves the greatest sufferers, and it is manifestly unfair, in such circumstances, to attach odium to a medical man, whose humane calling forbids his refusing to risk his reputation in taking charge of the most unpromising cases, with a view to save life or relieve distress.

During the autumn and beginning of the winter seasons we usually have an invasion of remittent and typhoid fever, in this city. The cases seem to me to be of a sporadic character, and the disease is probably not traceable to any specific cause, but rather a combination of causes. If I might be allowed to enumerate some of these, I should suggest that the exhausting effect of long continued heat, producing in weakly persons a low vital condition, opens the way for this class of diseases. Add now, to this predisposition, insufficient clothing, insufficient food, bad well water, small bed rooms with closed windows and no other means of ventilation, and we shall not require to draw largely on bad drainage and malarious miasmata to find causes for the low type of disease generally prevailing at the close of the warm season. In the treatment of typhoid