

consequently it may be necessary to begin stimulating early in order to counteract prostration.

The second classification, intestinal inflammation of Smith, inflammatory diarrhoea of West, entero-colitis of Meigs and Bouchut, is the prevalent form of summer complaint and the class to which the large proportion of fatal cases must be credited. This form may develop itself at once, or may be the result of simple diarrhoea or cholera infantum. Its causes are very similar to those of the disease already described, depending upon improper or insufficient food, scant clothing, close, damp, ill-ventilated dwellings, cold and defective sewerage. It may be associated with a malarial poison, and hence is frequently endemic in certain localities. A common cause is changing the child suddenly from a warm to a cold atmosphere, or permitting it to sleep uncovered. Proceeding from the above-mentioned causes, this disease occurs in the country as well as the city, and the premonitory stage is simple diarrhoea. It is in its epidemic form that this complaint is so very fatal in the large cities of America during the hot months from May to September.

Smith says that judging from autopsies he has made, and from information received from others who have been familiar with post mortem examinations, that four-fifths of the cases reported in the city of New York as deaths from cholera infantum in the year 1863 were cases of intestinal inflammation, and except consumption, there is no one disease so prevalent and fatal in that city during its epidemic occurrence in the summer months. The state of the atmosphere most favourable for the development of this inflammation is chiefly found in cities, owing to the high temperature acting upon garbage, sewerage, &c., and where many persons are crowded into small, ill-ventilated, and badly drained tenements. The rapid development of the follicles and crypts of the intestines is a predisposing cause of this affection, as also are dentition and weaning.

The first symptom of this disease is usually slight diarrhoea. Three to five evacuations a day of acid stools, and a greater or less degree of fever. This may continue for a few days

when vomiting of undigested particles of food begins. Great prostration ensues. The child from having been restless and fretful becomes emaciated and exhausted, apparently too weak to cry. The features are pinched, the skin hangs in folds from the thick parts of the arms and legs. The pulse in this form of diarrhoea is accelerated and there are exacerbations of fever, sometimes periodical, until, should the disease continue, through general feebleness, the temperature of the body is cool, and the extremities become pallid and cold. The skin is dry, and the urinary secretion diminished in the inflammatory condition. This urinary suppression is a very common symptom. After long continuation the irritating stools produce excoriation of the buttocks and scrotum, and boils break out upon the scalp. In the latter stages the child again becomes uneasy and fretful, and there may be indications of cerebral complication. At length the infant sinks, either quietly from exhaustion, or death is preceded by convulsions, in consequence of uræmic poisoning, or intercurrent bronchitis may supervene and destroy life.

A frequent complication in this form of diarrhoea is thrush, especially in children under the age of four or five months; occurring in this connection it is generally thought a very unfavourable symptom. The treatment may be considered under two heads: First, regimenal or hygienic, and secondly, medicinal. In children previously healthy; when the attack occurs from exposure to cold, diet should at first be diminished in quantity. If an infant is nursing it should be suckled less frequently, not only on account of the lengthened interval between the times of nursing, but because the milk which remains in the breast becomes more watery and less nutritious. If the child is weaned it should receive an equal reduction in the quantity of its nutriment. Gentle counter-irritation over the abdomen, followed by poultices, or a constant inunction of olive oil, are now indicated. After the acute stage has passed more nourishing food, more frequently administered, is necessary, and this may be supplemented with advantage by alcoholic stimulants. In cases where children, under the age of twelve months,