

anatomical, and hence may not disappear until the cause has disappeared, and this peculiar condition may exist even up to the fifth year. You may give an enema every day, not of soap and water or salt and water, but simply wash out the intestine with pure warm water, and wait until nature restores to the intestinal canal its proper proportion. Not until then will the trouble disappear, for it is based on anatomical peculiarities. Oftentimes the accumulation of feces in these flexures will give rise to dulness on percussion on that side. It is so in this case.

In a number of cases the constipation was so obstinate that I had to scoop out the rectum repeatedly. Have patience, inject day after day, and you will succeed when the time comes for a condition of the colon descendens, such as is met with in more advanced age.

Another cause of constipation like this may be that there is an insufficient physiological action of the muscular layer of the intestine. This may occur where it is not sufficiently developed, as in feeble children. In another class of children this constipation does not appear until from six months to one year after birth, and then from being perfectly regular they become obstinately constipated. In this class of children the muscles of voluntary motion, as well as of the intestine, become diminished in power; they are rachitic children. The symptoms of rachitis need not be developed at first in the bones. Rachitis is not always a disease of the bones primarily. It is a disease of the general system, and there are a number of children in whom the first symptom of rachitis is that of obstinate constipation; the worst cases are often those which commence with obstinate constipation. In these cases, where they occur as early as the second or third month, you will often find softening of the bones of the cranium, and the peculiar diaphragmatic groove. The child is often fat and vigorous looking up to the age of two or three months. Then, if obstinate constipation sets in, it is pretty safe to look for rachitis; and these cases are often, as I have before mentioned, the worst cases of rachitis, ending in effusion within the cranium, hydrocephalic symptoms, and sometimes death. You will not find these forms of constipation mentioned in the books; and should opportunity permit, I shall be glad to take the subject up again. — *Medical and Surgical Reporter.*

CALCIUM SALICYLATE IN THE SEROUS DIARRHŒAS OF INFANTS.

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Dr. Hutchins reports the results of twenty-seven cases of serous diarrhœa in infants from two months to two and a-half years of age, treated with one drug only—calcium salicylate. Some of the cases were seen but once, many only twice, and none above four times, and in all the disease was promptly and permanently controlled.

The cases on which this memorandum is based are selected so far as to include all those with the more or less profuse watery alvine evacuations, with or without vomiting, and to exclude all others. The purport of this memorandum is to put on record the fact that these discharges were controlled by the calcium salicylate with a promptness and efficiency that the writer has never experienced by any other mode of treatment. The patients ranged in age from two months to two and a-half years. No discrimination was made as to diet, which, in some instances, was breast milk exclusively; in others, condensed milk, the patent foods, or a mixed diet. In no case was any modification of the previous diet called for, save in the matter of quantity. All the patients were in good social and hygienic surroundings. In two instances the infants were at their summer homes, and the telegraph and mail related the symptoms and conveyed the medicine. In all cases the dose was 3 to 5 grains from 2 to 4 hours. The total quantity consumed by each patient varied between 6 and 18 powders. In a few cases minute doses of aconite and veratrum were given during the stay of the high temperature, and in other few, small doses of quinine were followed up after the subsidence of the disease.

It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time, say from 2 to 12 hours, and the next movement would be a watery one, but there would be no further recurrence of the diarrhœa. There might be a return to normal movements, or there might be a change to a diarrhœa of