

and the fever and other symptoms rapidly subsided.

*Conclusions:—*

(1) Chemical analysis of the dried leaves of *Vitex peduncularis* shows the presence of traces of an alkaloid.

(2) In our series of cases of malarial fever, however, caused by *P. vivax*, *P. malariae* and *L. malariae*, the freshly prepared infusion of dried leaves had no effect whatever on the parasites in the blood, on the temperature chart or on the other clinical symptoms.

(3) The drug appears to be absolutely useless in the treatment of malaria.

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SOME COMMON AILMENTS OF CHILDREN, THEIR IDENTIFICATION AND TREATMENT.\*

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A POST-GRADUATE CLINICAL LECTURE.

GENTLEMEN,

ONE of the commonest complaints with which a mother faces her doctor is that her baby does not gain in weight, and I warn you that if your treatment is not a success she will quickly seek advice elsewhere. This condition I shall call, for want of a better name, *failure to gain*. These two babies which I show you to-day, both under the age of 12 months, are admirable examples of this condition. One mother will tell you that she has been feeding her baby on a much vaunted baby food; the other that she has been feeding hers on a mixed diet. The one infant has thrush and multiple boils, and the other has a septic discharge from the ear. Both are obviously anæmic, pot-bellied, and wasted. Now if you will listen to the answers to my questions you will hear that there is marked constipation, the stools are brittle, grey, soapy, and somewhat offensive. There is slight fever at times, and restlessness at night; the appetite is poor and the weight has been at a standstill for the last three months.

*Failure to gain* is exceedingly common, but the recognition of its cause is rarely diagnosed in time to prevent such complications as these infants show, with the result that symptoms alone are treated, whereas the fundamental error remains, and much time and expense is wasted. Therefore, I would

advise you most earnestly to bear in mind that your success with such infants in private practice will lie in direct proportion to your remembering the facts that, roughly speaking, human milk contains protein 2 per cent., fat 3 per cent., carbohydrates 7 per cent., whereas cow's milk contains protein 4 per cent., fat 4 per cent., carbohydrates 4 per cent. Without such figures constantly in your mind it is impossible to work out where the fault in feeding has been, or how to prescribe the correct diet.

In 75 per cent. of cases the fault is in the feeding, and in 25 per cent. the fault is in the infant.

What are the common faults in feeding? They are (1) insufficient feeding; (2) too much feeding; (3) too much sugar; (4) excess of starch-containing food; (5) irregularity; and (6) the bulk of each meal is greater than the age of the infant should permit.

I need not remind you how many types of these cases there are. One day you will see a baby a few months old on pure cow's milk; another day one who has been obtaining in addition to an already liberal diet, a teaspoonful of olive oil, or two of cream, or four of heavy top milk in its feeds. Again one having a teaspoonful of sweetened condensed milk, which is equivalent (if you will measure the spoon) to 150 drops in 3 ozs. of water. The next day an infant fed according to the directions on the tin or bottle of some much vaunted dried milk food, which, if you care to work it out, you will find is equivalent to 12 per cent. carbohydrates. Another day you will see a seedy infant under 6 months of age on Bengers,' Allenbury's No. 3, or Savory & Moore's. Another day one who has been fed at any hour or time that suits the mother. Another day you will find a child of four months old having 6 or 7 ozs. feeds, and you will hear that it thrived for a time and then steadily started going down hill.

I remind you of these things because a fog surrounds the subject of infant feeding and its primary principles, which should be based on the formula of P2, F3, CH. 7, and, if you doubt my assertion that it is the digestion that is the primary cause of the complications that these two infants show, let me prove it to you by showing you a test that you may yourselves carry out in every case. Ask the mother to collect ordinarily, or if need be in a clean white mackintosh, some of the urine of the infant who *fails to gain*. In nearly every case—and certainly in these two, you will find that if you will take a sample in a test tube and will add a few drops of 5 per cent. sodium nitro-prusside, shake, and add one drop of acetic acid and then down the slanting tube add drop by drop liq. ammon. fort., you will get at the junction a rust-

\* Being a Post-Graduate Clinical Lecture.

brown or purple ring,—the so-called acetone reaction; and if you like further to test the urine you can easily demonstrate indican as well. Moreover, if other proof is needed, you will find on analysing the stools that there are excessive alkaline bases and soaps therein. Whatever the error may be, the result is the same, *failure to gain*, this being due to an ill-balanced diet with lack of assimilation of fat, protein, or carbohydrates.

I have said that 25 per cent. of the causes are in the infant itself: these causes are either (1) some recent illness, such as acute enteritis, whooping cough, or measles. (2) Constipation. (3) Some glandular defect in the intestines, pancreas, or endocrines. (4) Syphilis. (5) Some rarer cause; such as pyelitis, tubercle, congenital heart disease, or anaphylaxis.

Now remember, that whatever the cause may be, the mother expects you as a doctor to find it out and to correct it. Therefore, before going into the details of treatment I would ask you to remember a few useful points, e.g., that:—

(a) One measured teaspoonful of separator cream in 3 ozs. milk mixture is equivalent to 5 per cent. fat.

(b) One measured teaspoonful of top milk in 3 ozs. of milk mixture is equivalent to 3 per cent. fat.

(c) A lump of butter, the size of a green pea, in 3 ozs. of milk mixture is equivalent to 3 per cent. fat.

(d) A lump of sugar or one level teaspoonful of Mellin's Food in 3 ozs. of milk mixture is equivalent to 5 per cent. carbohydrate.

(e) The milk of a cow, or goat, or if possible, of a herd of cows, is immeasurably better than any patent food, because you can then accurately feed the baby.

(f) If you must order a dried milk food, always order one teaspoonful less than the directions given on the tin or bottle.

(g) If a baby is not satisfied with the quantity of food in its bottle, increase the quality, for the stomach of a child under 6 months will not hold a greater quantity than 1 oz. over its age in months, e.g. if the baby is 4 months old, 5 ozs. should be its feed. Give lots of boiled water between feeds.

(h) Enquire and work out the amount of protein, fat, and carbohydrates that the baby has had up to date per feed.

(i) For the first three days allow no sugar whatever; you will find that mothers will resist this and say that their babies will not take their food if it is not sweet; therefore, for the first three days, until the infant is on Mellin's, add  $\frac{1}{8}$  or  $\frac{1}{4}$  gr. saccharine in order to make the food palatable.

(j) Remember that patent milk foods unintelligently used are among the curses of modern civilization, and undoubtedly become a boomerang for evil from infancy to youth, and from youth to adolescence, for I need not remind you that that immense group of symptoms which are generically classified under the heading "spasmophilia," are to a very great extent due to gastro-intestinal disturbances which have had their origin in patent rather than natural food during babyhood.

Still less perhaps is it necessary for me to prophesy that as a result of the Great War with its effect on infant dietetics, and the modern tendency of all classes of society to rely upon patent baby foods, that obstetric difficulties and anomalies will increase.

Recently a so-called authority euphoniously referred to the milk supply of India as white sewage. Such a statement is ridiculous and tends to put back the clock. Everywhere in India, mofussil or big town, reliable milk of either cow or goat can be procured. Most earnestly I would ask you, if you consider your cow's milk not reliable, to induce your patient to keep one or more goats; these animals, procurable everywhere, if tended and fed properly, give a milk supply ten thousand times better than any patent food, and at a cost infinitely cheaper.

(k) Always put your directions in writing.

*Treatment.*—This to a very large extent is entirely dietetic, and my advice to you would be as follows:—

First explain to the mother that it is most necessary to rest the digestion of the baby for 12 to 24 hours, by giving it nothing but barley water, or rice water. Then I would advise you to place the baby on skimmed milk, which is a fat-free, easily digested food, and is made by simmering milk in an open pudding basin for half an hour, remove and put in a cool place for 2 hours, after which you will find the fat has risen as top milk. This is removed by means of a flat spoon to a depth of  $\frac{1}{4}$  or  $\frac{1}{2}$  an inch; the milk below is known as skimmed milk, and should be the sole diet for at least one week. The first day you will give a dilution of 1 in 3, the second day 1 in  $2\frac{1}{2}$ , the third day 1 in 2, the fourth day 1 in  $1\frac{1}{2}$ , and so on until the baby is on pure skimmed milk if it is over the age of 6 months. By similar progression you will gradually get the infant back on to ordinary cow's milk. The amount of skimmed milk given per day should be  $1\frac{1}{2}$  ozs. per pound weight, that is, if the baby weighs 10 lbs. it should have 15 ozs. per day to start with. On the third or fourth day you should add to the diluted skimmed milk one teaspoonful of Mellin's Food, which, I might remind you is dextri-maltose and, therefore, an

easily digested carbohydrate, and better than sugar. The amount of Mellin's should be given progressively up to 2 teaspoonfuls per feed. On these lines you will find that the child in a very short time rapidly gains in weight, its tongue cleans and skin clears; then, and not till then, you may gradually increase the diet to a normal and healthy optimum. Medicines are rarely needed; a mixture of paraffin, one ounce, and milk of magnesia, one ounce, of which 2 teaspoonfuls are to be given twice a day if necessary, is most useful. Fruit juices should be given as usual,—not less than 1 ounce per day.

I do not think that in *initial* stages grey powder benefits these cases unless the cause is syphilis.

Remember that many of these cases are complicated by obvious signs of rickets and, therefore, you may be inclined prematurely to order cod-liver oil, eggs, or cream; let me warn you that if you do so before you have corrected the fundamental fault, which is that of *digestion*, you will only make matters much worse, for these infants in the majority of cases, have been wrongly or overfed and therefore cannot digest their diet or improve in health if given excess of fat.

My own experience of these cases is very great, and I know that if you will treat your cases at first for 2 or 3 weeks, as I have suggested, you will find that they will quickly cease to cause you or their mothers anxiety.

In large cities insurmountable difficulties are often raised to the subject of using natural skimmed milk, if so I recommend the temporary use of Horlick's Malted Milk or a very diluted Ideal Milk, or one of the proprietary patent skimmed milk foods. These are all approximately fat-free and should, therefore, be used for a period of at least three weeks, but no longer, for long before that period has elapsed you will have been able to procure a goat.

*Acute Dyspepsia* or *Acute Gastro-Intestinal Catarrh* are names for a condition extremely common, and I need not remind you that this condition is to all intents and purposes only an acute form of failure to gain. Its causes are in the main the same, i.e., excess of sugar, excess of fat, or excess of protein. Look at this infant, typical of scores you will see every week in your practice or in your out-patient departments. It is flabby, pale, and big bellied, with a dry furred tongue, slight fever and sore buttocks. The mother will tell you that recently the appetite has been poor, the nights restless and fretful with teeth grinding; there has been vomiting, and the stools you will see are green, acid, sour and frothy. I will test the urine and you will see that there are marked acetone and indican reactions. The mother will tell you

that he has been wasting despite change of diet from one patent food to another, and so-called tonics ordered by the doctor. You will see from the attached slip from the doctor that he suspects tuberculosis because there is slight retraction of the head, due, no doubt, to reflex irritation from its middle ear.

This condition of acute dyspepsia, or, as I prefer to call it, acute gastro-intestinal catarrh is very common, but what I want to impress on you is that this condition is, so to speak, a cloud-burst occurring in all children who have been wrongly fed without judgment, or consideration as to the normal capacity of the child's assimilative powers. The symptoms are really those of mutiny after long misuse, and if you do not spot this by your urgent and concise enquiry you are apt to think you are dealing with a case of acute dysentery, and so, though you may perhaps slowly drag the child through the attack, you may fail to obviate a recurrence of the symptoms in a few weeks' time. I can assure you it is not acute dysentery in the accepted sense of the term, but merely a form of fermentative diarrhoea which will get well in a few days if correctly diagnosed and treated. Here perhaps you will let me digress for a moment to remind you that amoebic dysentery is very rare in young children. In my own experience it certainly does not occur in more than 5 per cent.; however, I would ask you to bear with me when I say never give emetine until amoebæ have been demonstrated by a reliable observer, and if in doubt *never* give it, for often I have seen lives endangered and lost on the false assumption of amoebic dysentery. Bacillary dysentery, on the other hand, is far more common, its principles of treatment, as you know, are those of bacillary dysentery in adults.

How will you treat this case of acute gastro-intestinal catarrh?

In the first place, let me advise you to starve the baby for the first few hours and to give only plain water, weak tea, or rice water, with or without saccharine  $\frac{1}{2}$  gr. to a pint for the first 12 hours. In the second place let me warn you against permitting any sugar for at least three days. Thirdly, I would ask you to remember that you are dealing with a condition of acute acidosis, and, therefore, you must supply an alkaline fluid.

I think the very best method is to give directions that the child shall drink 1 to 2 pints per day between feeds of a solution made by adding half a teaspoonful of common salt to a pint of water. This acts in two ways:—(1) It rehabilitates the normal plasma of the blood, for it is very quickly absorbed.

(2) It makes the child automatically thirsty and therefore one succeeds in getting it to take more fluid by mouth. After 12 to 24

hours on the above innocuous fluids the child should be given skimmed milk according to the method indicated in *failure to gain*. On the third day dextri-maltose in the shape of Mellin's can be added as before. As progress shows itself, the diet may be very gradually increased in the shape of rusk biscuits, dry toast, Grape Nuts, vegetable soup, etc. In the majority of cases no medicines are needed, but constipation is likely to occur and for this again paraffin and milk of magnesia mixed are the best laxatives and anti-fermentatives.

If the onset of the complaint has been so fulminant that you suspect bacillary dysentery, or at least are not sure, then I would advise you to put the child on a prescription, as follows, every hour until the stools become brown and alkaline. The prescription is:—

Sodium Bicarb.	10 grains.
Sodium Citrate	10 grains.
Sodium Sulphate	15 grains.
Glycerine	20 minims.
Aqua Anisi	1 drachm.

The preliminary saline and rice water treatment being adopted as above; brandy, 5 to 10 drops, may, if you wish, be added to each feed.

On such lines of treatment you will find that the child, after a primary loss of weight, will rapidly pick up; it then becomes your most urgent duty to guard the diet against any recurrence of such symptoms or attacks, remembering that excess of fat, or food, is the commonest cause.

*Chronic Gastro-Intestinal Catarrh* is the commonest children's complaint in India. You will see it in rich and poor alike, but most frequently of all you will see it in the children at boarding schools; indeed so common is it that I could almost tell you when such schools are closed for vacations, for it is then that these cases are brought in large numbers to out-patient departments or consulting rooms.

The cause of this trouble is entirely dietetic. As a rule the diet includes too much sugar, or starch, or rich food. At times there is a history of bad cooking, or indigestible food and hurried feeding. My own experience leads me to think that if there is one article of food, more than any other, responsible for this condition in European children, it is the plantain.

Look at these two children, one from a Calcutta day school, the other from a hill school. One had whooping cough in July; the other is obviously rickety. One is 7 years old and the other is 4. Listen to the story of porridge, curry, rice, and plantains, day after day, and then observe well the symptoms and signs which make the diagnosis certain. The mothers will tell you that they

are easily tired, have fainting attacks (so-called), and grind their teeth; in one the appetite is poor and in the other voracious, there is occasional fever with every now and then a so-called bilious attack accompanied by vomiting and abdominal pain. One child wets his bed at night; in both the stools are slimy and very offensive; the tongue of one is flabby and furred, while in the other it is typically mapped; their teeth are bad, and there are dark lines under their eyes; they have big protruding bellies, and the mothers state they have often a "stomach cough." The younger of them has a typical lichen rash, and, if you will watch me test these two specimens of urine, you will see that both give marked acetone and indican reactions.

These two children are typical of hundreds all over India of all creeds and stations; they cause great anxiety to their mothers, and many of these cases have been diagnosed as tuberculosis, or even appendicitis; and yet I can tell you that there is nothing more remarkable than to watch their improvement if a correct diagnosis is made, and I might even say there is nothing more convincing in practice than to demonstrate the urinary fault; but let me warn you at once that improvement will not be obtained by giving cod-liver oil, or Parrish's Chemical Food, or other emulsions, indeed I find that the majority of cases have had these so-called remedies, and most of them have had treatment for worms, but have not improved.

If you will recognise the condition, a cure is certain; if you do not, chronic ill health, and possibly the supervention of some more serious disease may carry the child off. It is this disease in India which, remaining undiagnosed, follows measles and whooping cough and lays the trail for tuberculosis. How many times have you not heard a mother say that her child's health was splendid until he had measles or whooping cough, but the child has never picked up since?

I feel that if only practitioners would make it a habit to test the urine for acetone and indican, much child suffering would be saved, and here I would like to say that if a child has contracted measles or whooping cough in the hills and fails rapidly to recuperate, it would be far better to send him to a seaside resort, for undoubtedly the hills do not suit these cases when their gastro-intestinal tract is out of order.

Your rules for treatment should be as follows:—

1. Attend to the teeth and moderately starve for three days first.
2. Make the child chew and not bolt its food.
3. Exclude the presence of worms; also of enlarged tonsils and of adenoids.

4. Water ad lib. but no food or sweets between meals.
5. Nothing to eat after 6-30 p.m. except a cup of milk and a rusk.
6. If under 4 years of age, wake from sleep half an hour before meals and allow to run about.
7. Postpone drinking till after meals, or one hour before meals.
8. Do not give too much milk in addition to a substantial dietary.
9. Do not give cod-liver oil. But you can give malt alone, one to two drachms, after meals, or malt and pepsin.
10. Do not give iron, or any iron tonic such as Parrish's food, etc., until the child has been on a "stomach alkaline mixture," etc., for two to three weeks, with a powder such as:—Hyd. cum Cret. gr. 1, Pulv. Rhei. grs. 2, Sod. Bicarb. grs. 3, Sacch. Lac. grs. 4, each night; and *until the tongue is clean*.
11. Prevent constipation. But never give raw fruit for constipation.
12. Hard mattress. Light bed clothes and lots of sun and air.

*Diet.*

May not be taken.  
 Ordinary bread, buttered toast, biscuits, brown bread, whole-meal bread, farinaeous puddings, (sago, rice, tapioca, arrowroot, etc.), porridge, pastry, sweets, chocolates, cheese, potato, much butter, any jam, thick soups, fried or salted, or fatty meats, vegetables (except as opposite), raw fruit, fruit cake, plain milk, tea and coffee, bananas (plantains), scones, smoked fish.

May be taken.  
 Bread baked hard, dry hard toast, rusks, Veda bread, Grape Nuts, lemon sponge, Force, malted infant foods, e.g., Horlick's; calf's foot jelly, Madeira cake, a little butter, little honey or treacle, clear soup, beef tea, chicken tea, underdone meat, fish, chicken, sweetbread, mutton, eggs, boiled, brains, minced bacon fat, spinach, flower of cauliflower, Brussels' sprouts (mashed), vegetable marrow, very little mashed potato, fruit juice, diluted milk, whey, malted milk, skimmed milk, Bulgarian milk, cocoatina, Ovaltine.

Constipation is frequently a source of trouble, for this senna pods, or paraffin and milk of magnesia, or "Cascara Evacuant" are useful. These children are often anæmic; and I warn you that no iron or tonic emulsion should be given for the first 2 or 3 weeks, and not until the tongue is perfectly clean, after this period any mild iron preparation is useful. As the health improves, the diet can gradually become more liberal, but if there is a return of any of the symptoms, the forbidden article of food should be stopped at once. As a rule it takes from 4 to 6 weeks before the child regains health.

This disease is often called *mucous disease*, and often you will find that mothers bring their children with the sole complaint that they are passing mucus in the stools, but no

worms have been passed or seen after or before worm treatment; therefore if you do not thoroughly examine the child—and by this I include a proper urinary examination—you may miss the diagnosis and treat the case for weeks as dysentery, or chronic colitis.

*Acute gastro-enteritis.*—This infantile disease is perhaps the greatest nightmare of all to mothers in India. The onset of the hot weather is the commonest time, and very frequently it is due to the non-recognised fact that in the hot weather the child does not want so many calories of food as it does in the cold; for instance, a child may be having a perfectly correct food in March or April, which is too much for him in May or June, the result is that the digestion is very severely taxed, and vomiting and diarrhoea occur. Now if this condition occurs in a child of 4 or 5 years it is labelled as a bilious attack, and frequently the child rapidly reacts to treatment or home remedies, for, as I have already told you, a bilious attack is after all only an acute acidosis occurring in children with chronic dyspepsia; but if this diarrhoea and vomiting occur in an infant, the danger is very quickly appreciated by the mother, for, whether you call the disease summer diarrhoea or gastro-enteritis, it makes no difference, the prognosis is serious and treatment very imperative, as not only is acidosis present but there is also the factor of immense *dehydration* to be dealt with.

What I want you most to bear in mind, is, that in these cases there is no specific micro-organism which you can isolate as the cause. In some cases it is a putrefactive bacillus, and, if you will bear this in mind, you can very often obtain confirmative evidence by looking at the buttocks and testing the stools. In the putrefactive infection the buttocks are not sore or red, the stools are alkaline and offensive in the early stages; whereas in the gas-forming bacillus infection the buttocks are scalded and red, and the stools are sour and acid.

1. *Treatment.*—Whatever the cause, whether injudicious feeding or infection; whatever the severity of the attack, the preliminary treatment is—

- (1) to get rid of the poison and allow the inflamed intestine an opportunity of recovery;
- (2) to counteract the acidosis;
- (3) to supply the loss of fluid from bowel and stomach;
- (4) as soon as possible give that fluid diet which will least provide a pabulum for the organisms which have caused the trouble, that is the putrefactive or fermentative type of bacillus.

As regards No. 1, put the child at once on half or one hourly doses of Sodium Sulphate grs. 20; Sodium Bicarb. grs. 10; Sodium

Citrate grs. 10; Glycerine 20 minims, Aqua Anisi 1 drachm, until the stools become watery and brown; if there is vomiting wash out the stomach with 1 per cent. sodium bicarbonate solution, using a catheter and funnel; the same solution can be used to wash out the rectum. If the vomiting is severe 1|10 or 1|6 gr. of calomel (B. & W. tabloid) every hour for 6 or 8 doses.

2. *Acidosis* can be proved if you care to examine the urine, but more striking is the air hunger, the quick gasping respiration, the anxious expression, and the cherry-red lips in a white-grey face.

The above prescription will assist you, but more useful is it to remember that this prescription will make the infant thirsty, and that if you will add half a teaspoonful of salt, and half a teaspoonful of soda bicarb. to a pint of boiled water,—adding if need be half a grain of saccharine to make it palatable, the child will readily take this in large quantities, and by so doing supply the loss of fluid and become thirsty for more fluid.

3. *Dehydration*.—The shrunken muscles, loose skin, and sunken eyes, cry out that the tissues have been drained of fluid; this loss you must supply, or the infant will die. Undoubtedly the best way is to give the above saline by the mouth for the reasons I have given, and I can assure you that it is extraordinary to see the quantity of  $\frac{1}{2}$  per cent. saline that these children will absorb. The bottle should be kept filled and beside the infant and it should be offered at all times. If you see the case late and it is obviously very urgent, then I would advise you to inject 4 ozs. of saline, every 4 or 6 hours, into the axillæ or loins, using an ordinary serum syringe. This method is not painful and can be done very quickly, and the saline is very readily absorbed. In hospital or nursing home practice, personally in all cases of emergency, I prefer to use the intra-peritoneal method—by this I mean the method of injecting saline directly into the cœlomic cavity. Choose a point in the middle line two inches below the umbilicus, and, using a large record needle attached to a funnel and tube, run in 12 to 18 ozs. of hypertonic saline; with ordinary care there is practically no risk in this.

What I want you to understand is that these children do not die directly from the effects of the poison they are manufacturing and absorbing from the bowel, but from the mechanical results of dehydration, therefore, if you can make good, and continue to make good the fluids lost, then you will only have the intestinal condition to deal with.

4. *Feeding*.—To begin with nothing is to be given except rice water, or weak tea. Rice water is less irritating than any other cereal, and is made by adding one tablespoonful of

rice to 1½ pints of water, boil, strain, and add a pinch of salt. If the child is peevish, an excellent home remedy is to give raisin tea. This is a harmless glucoside and is made by adding one tablespoonful of raisins to one pint of boiling water, crushing and straining.

After 24 hours you may give protein-milk, whey, or skimmed milk, alternately with the rice water.

Remember you must increase the strength of the feeds very slowly. Under no conditions should sugar, or any fat-containing food, be given for several days, but if you consider the child is not having sufficient carbohydrates, you may give a small quantity of Mellin's, or some other malted food, such as Horlick's.

5. *Treatment of symptoms*.—*Abdominal pain* is best treated with hot compresses or Antiphlogistine.

*Coldness or collapse*.—Hot mustard bath, brandy per mouth, and saline per rectum or under the skin, or 5 per cent. glucose solution per rectum; injections of camphor or pituitrin are sometimes of use.

*Rectal Tenesmus*.—Use hot fomentations applied to the anus; washing out the lower bowel with saline or an enema of starch.

Remember never give any form of bismuth, chalk or opium, while there is fever.

*Acute Œdema* sometimes arises as a result of the saline per mouth, or rectum, or under the skin; sodium citrate may cause the same thing. If the cause is recognised, all that is necessary is to stop these temporarily.

*Vomiting*.—For uncontrollable vomiting one minim doses of chlorodyne are useful. Remember that these children frequently suffer from lung complications and may die in convulsions.

A remote complication of gastro-enteritis is chronic gastro-intestinal catarrh, which must be treated on the lines I have indicated previously.

*Anæmia* is frequently a marked feature of these cases, and in the later stages must be treated by dietetic rather than by medicinal means; by this I mean that when the child is well, green vegetables, milk and eggs, are undoubtedly the best foods, but it should be remembered that for many weeks these children are unable to digest food, and particularly fat well, therefore it is best to give skimmed, or malted milk until the stool reaction is good and the tongue is clean.

Skin affections, such as boils which come out for weeks in crops, are frequently seen. Correcting the diet, and a change of climate, are better than vaccines. Constipation is often troublesome; for this paraffin and milk of magnesia mixed or senna tea are useful.