

This last has long been considered a sovereign salve for the malady, prepared something in this wise: A piece of butter is put into a tin dish and placed in the oven, and left there to boil and brown—the *blackier* the better—taken out to get cold, and used *ad lib.* As far as my observation goes, the effect of these misdirected efforts is decidedly depressing, and if injudiciously persevered in are apt, to my knowledge, to set up an irritation almost amounting to inflammation of the tender skin of the head, due to the fact that these remedies (?) are applied with an unnecessary and injurious amount of friction—they are *always* vigorously “rubbed” in—and for that reason, on the whole, we better decline them.

There is a safe and simple detergent to clear off the eruption, that I have for long used in my practice—that, unlike the “heroic” measures I have just described to you, requires a minimum of friction and leads to a maximum of results, *viz.*, effacement of the patches—and we find it in the Glycerini Boracis B.P., applied in this wise: Take a good-sized camel hair brush and paint over all the patches freely with the lotion; let it soak in well, say for half an hour, and then with a piece of soft old flannel lightly wipe it off. A few applications will effectually clean off all the scurvy patches.

Infantile diarrhœa is a frequent and oftentimes fatal disease of early infancy, and numbers of infants are carried off by it within a month of their existence, hence it becomes a matter of interest in Obstetric Nursing to learn why lives so tender should be jeopardised by a disease so dire, and the first thought that naturally arises in our minds is, why should infants have diarrhœa at all? They do not bring it into the world with them—“a funeral dower of present woes and past”—like some other diseases. If then it is not due to hereditary causes, to what cause is it due? Briefly then, we may say the disease is due:—1st. To causes we can neither foresee nor prevent. 2nd. To causes we *can* foresee and hence largely prevent, and these again are modified and influenced by two widely different infantine conditions, *viz.*, breast feeding and hand feeding. What is diarrhœa? Our text books describe it as a relaxed condition of the bowels leading to frequent, copious, and loose evacuations, and this abnormal state may be brought about by imprudent or impure food, or polluted water, and rendered increasingly critical by a high atmospheric temperature.

There is one point about diarrhœa to my mind of much interest. It may be brought about by quite different causes though leading to similar results—that is to *extrinsic* influences, as well as those intrinsic

conditions I have just touched upon. Medical writers describe the former of these as *nervous* diarrhœa, and one of the most potent factors in the production of this phase of the disease is due to nerve disturbances or emotion, and more especially to that development of it we call fear, and which we all know may lead to a fatal termination of the attack. Another external cause is the dangerous influence of *chills* to the skin, never more so than when from heat, or a weakened system, the body is bathed in profuse sweats. I must ask for the forbearance of my reader for what may appear a trite and tedious digression, for I am perfectly aware they know all about these facts quite as well, nay better, than the writer. My object in bringing them before your notice is to show you what an interesting and important bearing they will have upon the subject we are entering upon, the diarrhœa of infants.

We will consider first, diarrhœa in breast-fed infants. In a previous paper I have pointed out to you how absolutely perfect, under normal and natural conditions, breast-milk is as food for the infant; with what Divine wisdom that tender life is nourished and guarded from all those *external* influences we have just enumerated, and yet we know from experience that breast-fed infants suffer from diarrhœa and die of it, hence we cannot but consider that the disease is due to maternal influences affecting the milk, and we will mention three channels of transmission, by which the disease may be conveyed to the infantile system:—1st. Imprudencies of diet on the part of the Mother. 2nd. Chills. 3rd. Emotions. The two first may be considered preventible; the 3rd, and by far the most important factor in the brain causation, we can neither foresee nor prevent. Now, it is the effect of emotions upon the mammary secretion that gives to the diarrhœa of breast-fed infants a special and instructive interest, for, as a matter of experience, we know that emotion does effect the mammary secretion, and through that, the infant, sometimes with fatal, *at all times* injurious, force. As an extrinsic instance, I will bring before my readers a case in my own practice that occurred a few years ago. My patient, a healthy young woman, had been confined about three weeks, and went with her mother on a fine summer's morning to be churched, of course taking the baby with her, a fine healthy boy. The street in which the mother dwelt was wide and long, and seemed a sort of happy racing ground for the Jehu's of the place, who drive “right furiously.” Crossing the street on her return from church, and close by her own house

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