

such as might be expected from the chronic type of case. After great reduction of proteids and fats the diarrhœa and vomiting ceased in the majority of patients after 4 days. Marked improvement was noted in some, when, for some unknown reason the child suddenly became worse and died. In other fatal cases the diet could not be increased from a starvation one, of which the child could only assimilate a fraction, without symptoms of intestinal irritability. On the whole the effect of careful feeding was good.

*Temperature.*—The rule was for the temperature to vary from 97.5 to 99.5 or 100 with morning remissions (this after the initial temperature on admission had disappeared). At times the temperature would become elevated to 101 or 102, but this was only for one or two days, and free purgation would cause its fall. Before death the temperature was almost invariably elevated for one or two days.

*Weight.*—In the cases which were discharged there was a preliminary loss of weight in a little less than one-half. At the time of discharge there was a loss of weight in one-third. Of those who died there was a preliminary loss of weight in two-thirds. A loss in weight in all but five at the time of death.

Before attempting to tabulate these cases I was under the impression that there would be no difficulty in showing that we had to do with two distinct diseases. I can only offer them as two types of disease, and find it impossible to draw the line sharply between infection from pathogenic bacteria and toxæmia from putrefaction due to non-production on the part of the patients of such substances as HCl or such ferments as lactic acid. No doubt most of the entero-colitis cases are due to infection by pathogenic bacteria. In some it is possibly a septicæmia with local bowel manifestations as in typhoid. Although we thought of making blood cultures the condition of the majority of the patients was not such as would warrant it, and it was not done. Some of the cases of gastro-intestinal indigestion on coming to post-mortem, showed bowel changes similar to the entero-colitis type, infiltration of the wall, swelling of the lymphoid elements and ulceration. It is possible that in these cases there was an infection superadded to which the patient was unable to react. The majority of these cases showed a condition of atrophy of the bowel wall with slight swelling of the lymphoid elements. Were the patient to die early in a gastro-intestinal indigestion, we should probably have such a bowel condition present, due to toxic products.