young mammals leave the breast they receive the daintiest morsels. The young *herbivora* eat the tenderest shoots, and the young *carnivora* are fed with the flesh of other young animals. One could parallel this in all the lower classes of the animal world.

No energy is wasted in assimilating milk. It needs no cookery, no mastication, no mixture with saliva, and little gastric digestion. It is therefore the food on which we fall back in sickness when matters return to the infantile condition. The newborn child or other young animal has no apparatus developed for dealing with food that is not ready for digestion. The change from milk or other young animal's food is consequently regulated by the development of this apparatus. In man this alteration takes twenty-five years, which is too much for most people's patience, and so we find the children put upon adult diet prematurely.

The first teeth cut by any young animal are the incisors, because the first food taken needs only to be divided, cropped, or nibbled. It is of a nature to pass with little treatment by the undeveloped stomach into the intestine. The molars are added as they are wanted, namely, to discuss the increasing quantity of carbonaceous and other food required for adult life. The same thing is seen with the bills and gizzards of birds, and so down the scale of creation.

Now what will happen when adult food is presented to an alimentary canal that is mostly intestine, with but little teeth and stomach? What there is will try to do the work. Irritation and hypertrophy of the overtaxed part, followed by paralysis and possibly atrophy, will be the consequence. The diseases of the alimentary canal in the young child are therefore always diseases of the intestine, because that is the part in the fullest activity, and therefore always in danger of being overtaxed.

In what form does hypertrophy of the intestine show itself? By the corpulence, which was a feature in both my cases. If an intestine increases in length and breadth it requires a longer mesentery. We could not attach the intestine of a man to the mesentery of a boy. The whole intestinal packet consequently enlarges, and the abdomen protrudes in the only direction in which it can protrude, that is, forward. Corpulence is therefore observed in any poorly fed subject who lives upon a diet which taxes his intestine instead of his stomach, as in starving populations among whom farinaceous diet is the last to fail.—*J. B. Nias, M. B.—M. R. C. P.—London Practitioner.—Am. Practit.*

THE TREATMENT OF ANÆMIA.

In the treatment of anæmia, the *indicatio causalis* should be predominant. If the cause be hemorrhages, these should be stopped by internal and external styptics, by compression, by ice, ergot internally, etc. If profuse discharges (as prolonged suppuration) be the cause, such constitutional and local measures should be resorted to as will diminish or arrest them. Under this head come cold abscesses, bronchorrhœa, cystitis with copious muco-purulent exudation, chronic diarrhœa. Excessive lactation and excessive venery act in a similar way. While these inordinate wastes are going on, the blood is being spoiled of its richest elements,—its corpuscles and its plasmatic albuminates,—and any treatment to be efficacious must reduce to a minimum these losses.

If the cause be syphilis, tuberculosis, cancer, the causal indication is sufficiently plain. The victim of venereal disease may get rid of his anæmia and regain a fair measure of health and vigor under the reconstituent and antisyphilitic influence of mercury and potassium iodide; the tuberculous patient may improve by an out-door life and a fortifying regimen generally; even the subject of cancer may be, for a time at least, benefitted by medical or surgical means directed to his morbid condition.

The anæmia may be of toxic origin, being due to malaria, to poisoning by lead, by phosphorus, by mercury, etc., and the treatmant will be addressed to such of these agencies as may be found to be operative in the particular case.

It would take up too much space here to enumerate all the causes of anæmia and follow out the indications. In idiopathic anæmia one of the most fruitful causes is insufficient food; then want of light and air, excessive bodily exercise, intense heat or cold, depressing emotions, are all important etiological agencies, and, when once recognized, will suggest the only successful means of cure.

Anæmia, moreover, besides being symptomatic of hemorrhages, profuse discharges, severe cachexiæ (as before mentioned), may arise from obstacles to taking food (as in strictures of the œsophagus), to dyspepsia, to organic disease of the heart, to chronic pulmonary disease, to fever, and, finally, to disease of the blood-making organs (lymphatic glands, spleen, marrow of bones). Anæmia originating in any of these ways can be successfully met only by attention to etiological therapeutics

One of the most common forms of anæmia is that which is symptomatic of severe and prolonged dyspepsia, and for its removal demands a knowledge of the kind of dyspepsia,—whether atonic and functional, or the result of chronic catarrh, dilatation of the stomach, round ulcer, etc,—and the means, dietetic and remedial, to be employed for the restoration of the damaged digestive functions.

The anæmia of heart-disease is, of course, curable or incurable, according to the nature of the cardiac affection to which it belongs. Digitalis, strophanthus, nitro-glycerin, caffeine, adonidine,