

that I intend referring to infant feeding only in so far as it is a cause of infantile diarrhoea, and of course, also in so far as it bears upon treatment. The feeding of the normal infant I do not intend to take up, more particularly as the programme includes a paper upon this subject from my friend Dr. A. R. Gordon, of this city.

After a *résumé* as concise as possible of our present knowledge of the physiology of infant digestion it would seem logical to proceed to the discussion of the bacteriology and pathology of infantile diarrheas, and, therefore, endeavor to classify them in various ways, upon bases clinical, anatomical and bacteriological in hopes of clarifying our thinking and rendering our diagnostic habits more orderly and exact. The main part of the paper will then follow, a discussion of the treatment of these affections, dietetic, hygienic and medicinal. The drugs recommended I think it better to treat by themselves, in groups, as stimulants, digestives, purgatives, astringents, antiseptics, sedatives, and so on.

With regard to the physiology of infant digestion, it differs, as is well known now, in certain important respects from that of adult digestion. Rotch divides the life of a child as regards nutrition into three periods—first, the first year; then the second and third years; and third, the remainder of childhood. The natural aliment for the first of these periods is, of course, breast milk. First, as regards digestion in the mouth. During the first year, at any rate till the teeth appear, the mouth bears little relation to digestion, less than in adult life, its function being merely the mechanical one of sucking. The saliva is practically absent, being unneeded, till the tenth or twelfth week, and with the advent of the teeth and the possibility therefore of less fluid dietary, the saliva becomes more abundant and much more actively diastatic.

Then as to the stomach. First, as to its capacity, the interesting measurements given by Rotch and others may be boiled down for all necessary purposes to the following:

- 1 oz. at birth.
- 2 ozs. at two weeks.
- 6 ozs. at six months.
- 9 ozs. at twelve months.
- 12 ozs. at eighteen months.

The position of the organ in the baby is more vertical than in the adult, mainly because of the undeveloped condition of the fundus, which practically does not exist till the teeth begin to come and the diet to be altered, a very interesting point if we remember the physiology and functions of the adult fundus.

The secretions of the stomach are three, pepsin, hydrochloric