

paie." With due deference to so high an authority, I may affirm, that in almost numberless instances, I have witnessed these very appearances in the alimentary tube, when it was deemed, by more competent judges than myself, to be perfectly healthy. I am willing, however, to allow, that an acrid secretion of bile, *continuing* to flow over a tender membrane, exhibiting the disposition to put on inflammatory action, may lead to more well-marked changes in its normal structure; and when these take place, the evacuations alter their character, being serous with slimy or ropy matter, occasionally containing coagulable lymph, tinged with blood, and generally speaking of a highly fœtid description.

The mesenteric glands now become, in many instances, inflamed, enlarged, and indurated, from the absorption of the acrid alimentary matter, very analogous to that which occurs in inguinal bubo. Fever takes place, with thirst, restlessness, and interrupted sleep. Rapid emaciation follows, and the scene is frequently closed with repeated convulsive attacks.

We may probably agree in thinking, that in the middle and latter stages, the term Diarrhœa is no longer applicable to this disease, for all the different features of dysentery are essentially assumed, and the appearances observed on dissection are precisely those presented in cases of dysentery. If it be inquired what these appearances are, a more satisfactory reply can be given than that which refers to an earlier period of the disease; although it must be admitted that they differ in most cases, sometimes being limited to the intestines themselves, and at others, involving, *with these*, the omentum, the mesentery, and its glandular appendages. I believe I am correct in stating that the chief traces of disease are to be found in the intestines themselves, which are sometimes agglutinated together—at other times contracted in their calibre, and not unfrequently intussusceptions are met with. The mucous coat is much thickened, inflamed, and even ulcerated; the ulcers varying in shape and size, and occupying sometimes the large and sometimes the small intestines. It is also occasionally œdematous, and flakes of coagulable lymph are found adherent here and there to inflamed or congested portions of its surface. Whatever may be the nature of other concomitant structural changes, it is evident, as I before observed, that the primary and chief seat of the disease is found in one part or other of the mucous membrane of the intestines, and this fact must be deemed satisfactory, in the position it holds, with regard to a definite plan of treatment.

I have but one more circumstance to notice as occurring in connection with this disease, and of which no mention is made by any of those authors with whose

writings I have so far become familiar. I refer to the influence which the very great disproportion of the cerebral mass to the rest of the body in infants must exercise in giving origin to gastro-intestinal affections.

I now come to speak, in the second place, of the treatment which this formidable affection seems to require. If I am correct in my views as to its causes, and its pathological history, the indications to be fulfilled will be sufficiently apparent. I need not point out the separate treatment which a mucous, a bilious, or a chylous tendency in its early stage would clearly indicate, but I would briefly dwell upon that course which, in its established form, it appears advisable to pursue. In those instances, where a change of climate is practicable, such a change cannot but be regarded as promising much that is valuable in this disease. In addition to the irritation of teething, the continued heat of the summer in the western portion of this Province operates in a degree that can scarcely be too highly appreciated, in the production, in the first place, and in the subsequent augmentation of the Diarrhœa of infants. Where, then, there is no combination of obstacles to a removal, the climate of Quebec offers a decided advantage, simply because its temperature is modified by those frequently recurring easterly breezes which are sent up the St. Lawrence as through a huge funnel; and from my observation during a long residence in that city, I can bear, without fear of controversy, this favorable testimony to its character. The climate of Kamouraska, situated farther down, and having a near proximity to the sea coast, would, perhaps, hold out still higher advantages to the infant invalid, although, on this point, I do not speak from personal knowledge. But of this I am quite persuaded, that the cases of recovery would exhibit a much larger proportion, could my professional brethren be induced to urge an exchange of the now favorite locality of Niagara for the more distant points to which I have just adverted.

In many instances the inflammation or morbid action of the mucous membrane extends, or perhaps is transferred to the serous coat, giving rise at one time to ascites, and at another to general anasarca. The plan of treatment which I have found of most service is best shown in the detail of an interesting case of this nature which occurred to me during the past summer.

Mrs. B——'s infant had suffered for many weeks from Diarrhœa. The parents stated that they had lost a child a year or two previously under precisely the same circumstances, and so persuaded were they that all means would now prove unavailing—that they *fully expressed this belief* on confiding the infant to my charge.

Several teeth were forcing their way through the