

ance of the disease. Vomiting of food, and even an ejection of bilious fluid from the stomach is frequently seen. The bowels are often confined; the stools offensive, and exhibiting those appearances usually ascribed to redundancy of bile, but passing through a series of changes from yellow and red in colour to brown, bottle-green, and black,—sometimes viscid, at others gelatinous in substance. Diarrhœa often takes place, especially during dentition; the stools will be frequent, and vary in appearance and character, but are seldom attended with tenderness of the abdomen or dysenteric symptoms, or mixed with those bloody and purulent discharges characteristic of that state of disease in the bowels.

These affections, though severe and protracted, are seldom fatal. When death does take place, it is either the immediate effect of a severe paroxysm of fever, or of exhaustion from long continued disease, more than of any particular organic change. The fullness of the belly will subside long before death, and the apparent enlargement of the liver and spleen will have completely disappeared.

In our villages and towns many young children, or those under two years of age, are exceedingly liable to a peculiar form of diarrhœa, accompanied by fever and head-symptoms, the consequence of which is very often fatal.

The usual period of the accession of these attacks, and the course of the disease, leave little doubt of their being a consequence of a peculiar and limited malaria, the first effect of disease produced by the clearing of the country, and the congregating of a number of people in one place, as they are seldom or ever seen in the country or on newly cleared farms. They would seem to result from a modification of the same cause that renders cholera infantum so frequent and fatal in the cities of the United States. Dr. Wood says this disease is often confined to particular streets; and that many children are saved by a speedy removal to the coun-

try when attacked, and the exhibition of a few grains of calomel.

The disease usually appears in the month of August or early in September, about the same time as the bilious affections and fevers of adults show themselves; it soon becomes general in the locality, and will continue in a certain degree till the cold weather sets in.

The first symptom taken notice of, is the bowel complaint or purging; it may continue for some time, and will often be attributed to teething or an error in diet. The stools become very frequent; the discharges take place without pain, and their colour varies, frequently consisting of dark-brown watery matter, but often alternating with slime and dark-green offensive passages.

The child will be irritable and restless from the first, and irregular paroxysms of fever may be observed. The countenance soon becomes haggard, and the upper tarsi droop; and the tendency of the little patients to throw their heads back, or even to bend their whole bodies back when in the nurse's arms, will soon show itself.

As the disease goes on, we find the fever becomes more marked, and the frequent discharges from the bowels little controlled by medicine; the tarsi fall lower, the pupils become sluggish and a little dilated; and the restlessness and irritability will give place to a desire to sleep, or to remain perfectly quiet. The countenance will be rather pale, unless during a paroxysm of fever, and it, as well as the whole skin, will assume a bilious hue. The heat of the head will seldom be much increased.

Should the comatose symptoms increase, subsultus tendinum and twitching of the muscles of the face will at last appear, to be soon followed by convulsions or a species of epileptic fits; the powers of life will then begin to sink rapidly; the fits will recur and become more frequent and protracted, leaving the patient in a state of perfect coma that soon terminates in death.

Sometimes the fits will follow each other in quick succession, the little suf-