

A clinical classification may first be attempted, based upon the symptoms. Thus cases may be :

1. *Acute.* (a) Acute intestinal inflammation from the first, with little constitutional poisoning, thus corresponding to the adult type.

(b) Virulent toxemia or even general infection with little evidence of intestinal lesion.

Or

2. *Chronic*, in which

(a) Intestine shows severe and obstinate ulcerative inflammation, or

(b) Persistent malnutrition and loss of assimilative power with little or no inflammatory process.

Again, while the primary trouble in all cases is the gastro-enteric infection, in some cases the outstanding symptoms soon cease to be those due to lesions of alimentary canal, and come to be those due to lesion in other organs, especially the lungs and the kidneys.

Blackader, of Montreal, in a very helpful and exhaustive article in Sajous' *Cyclopedia of Practical Medicine*, Vol. IV., adopts Booker's bacteriological classification, with a little modification as follows :

1. Dyspeptic non-inflammatory diarrheas, functional due to ingestion of irritants, usually food, and most frequently milk.

2. Inflammatory diarrheas in which the symptoms of a toxic systemic infection are predominant.

3. Inflammatory diarrheas, in which in addition to the systemic infection the local inflammatory conditions produce marked symptoms.

4. Chronic diarrheas, in which the acute inflammatory symptoms have more or less subsided, but in which the stools remain abnormal both in character and in frequency, and nutrition is apt to be much impaired.

This latter class is in our opinion a very useful addition of Blackader's to the more purely bacteriological classification of Booker, which is shortly as follows :

1. Non-inflammatory dyspeptic diarrheas.

2. Streptococcic gastro-enteritis.

3. Bacillary gastro-enteritis.

4. Mixed cases.

The latter class of course includes by far the larger number of cases seen in practice.

Still another classification, and I think the most useful of all, is based on anatomical considerations—and it becomes a duty to decide at once whether a case is one of enteritis, colitis, or enterocolitis, since radical differences exist in the treatment to be adopted in each case. For instance, neither opium nor irri-