The odour of the stools is an important sign to consult. In the normal state it is almost nothing. The transition stools have an acid sourish odour of sour milk. Sometimes this odour is marked and becomes penetrating; at times they are fetid and gangreuous, especially when the pathological stools contain many grains of undigested milk. It appears that this milk, not elaborated by the intestinal juices, has undergone a kind of putrefaction during its sojourn in the intestinal tube. This odour then impregnates all the bedding, clothing, &c.

It is also interesting to attend to the state of the child at the time he is passing these motions. For a normal motion, the child at first becomes pale; this is the commencement of the perception of the fecal bolus: when the expulsion effort is made the face is congested, and becomes turgid and red; the child strains, but without suffering, and he evinces a veritable satisfaction when he has unloaded the intestine. A green diarrhœa, on the contrary, is accompanied by pain, a true colic; the countenance is contracted, the features drawn, the child utters a prolonged cry, even until the exit of the fecal matters. Satisfaction then follows this pathological stool just as the normal.

We will not here take up the pathological anatomy of these stools, nor anything connected with the rest of their pathological study. Let us say only, that, however bad the stools may be, at the autopsy we find no lesion to account for them. The intestine is diseased hardly once in two or three hundred cases. We may then repeat that diarrhœa is a symptom, not a disease.

This diarrhœa, which is the effect of numerous causes, in turn becomes the cause of another alteration, of *athrepsic erythema* of the new-born. This erythema (which must be distinguished from the *sudoral* erythema of little children, which is very frequent during the hot season) is a rare affection beyond the third or fourth month. It is essentially constituted in the beginning by a slight redness of the skin, which is slightly raised and crowned by a vesicle surrounded by a red areola. They are formed very rapidly by tens of thousands: then they are confounded in such a manner that we can no longer recognize the elementary lesion save at the periphery of this patch, where we always distinguish the initial vesicle.

These vesicles appear in divers points. Let us examine them where the skin is dry—on the anterior region of the thighs for example. The redness diminishes a little, the vesicle bursts, there remains an epidermic desquamation, a whitish scale, leaving an epidermic flauge and a red space. This may be observed above all on the periphery; for where the skin is the seat of a continual irritation, the grouped vesicles are confounded, the desquamation is no longer made regularly and the cuticle is removed by scratching; there only remains large red surfaces, where we can no longer recognize either vesicle or areola. It seems then that the skin is varnished; it is a brilliant red, as if its most superficial layer had been taken away.

These parts are painful, but much less so than we might think, except in cases of ulceration when syphilis must be thought of. Children attacked with erythema suffer most from intestinal colic.

Relative to its seat, erythema is found in the immense majority of cases only in certain fixed points, towards the ischiatic region of the buttocks, at the posterior and superior region of the thighs, and at times, but later, in the legs. We see then on the buttocks large red surfaces, and on the periphery small vesicles,—this is the character of erythema. However we find it at times elsewhere, on the trunk, and on the face even more frequently than on the trunk.

Erythema is not a disease having an independent existence; it is met with only in children attacked with athrepsy. Two indispensable elements are necesary for its development, an alteration of nutrition and scratching. If it were developed only by the one or the other of these elements we would find it in another seat; it would be produced on the entire surface of the body. It is never observed in healthy children: after it has appeared there is certainly a morbid trouble already present. Athrepsy may yet be present only in a very slight degree, but it already exists and threatens the child. This may then be a very useful manifestation for the physician, since the erythema appears after the beginning of the morbid evolution.