

and for whom nothing can be done. Careful feeding, regulation of health, produced no good result.

There are many objections to such a classification, and especially is this the case as regards entero-colitis and gastro-intestinal indigestion. The malnutrition and marasmus groups are fairly well defined. The malnutrition group differ from the gastro-intestinal group only in degree and in ability to respond to treatment. Were we to subdivide entero-colitis into acute and chronic, those cases which recover from the acute attack and become chronic do not differ greatly, if at all, from the gastro-intestinal type. I feel certain that a number of cases, coming to us as intestinal indigestion, were due primarily to an acute entero-colitis, and that as a result of the entero-colitis they were immediately taken from a diet which had been suitable and placed on a variety of foods. The longer the duration of the attack the greater the variety of foods, so that we have the results of an inflammatory reaction to deal with, as well as those of improper feeding.

Again, were we to subdivide gastro-intestinal indigestion into acute and chronic, we should have the acute type closely resembling entero-colitis, and especially would it be difficult to decide whether the patient were suffering from an exacerbation of an illness of the gastro-intestinal type which resulted in death before we had an opportunity of regarding the effect of careful feeding, irrigation, etc.

Enterocolitis implies an inflammatory condition due either to bacterial or chemical toxic agents, or both. That it is always the result of an infection may be doubted, but it is a well-known fact that in the baby wards of hospitals where babies are being treated for chronic digestive disturbance, as well as those suffering from surgical and other medical affections, we may have epidemics of entero-colitis which sweep through the ward, causing illness and death of many, irrespective of the diseases for which they were admitted. Again, the disease during an epidemic differs in no way clinically from the cases I am endeavoring to describe. Epidemics in the Hospital for Sick Children have been unknown for the past four or five years since precautions were taken similar to those in typhoid. On the other hand it will be shown that these cases are not by any means all due to milk infection, that babies on proprietary foods are liable to it as are babies fed entirely on the breast. Avenues of infection are possible from nipples, bottles, etc., which must be taken into account. The sudden onset, with elevation of temperature, indicate a reaction on the part of the organism,