

stain reddish the clothes upon which they fall; there is sooner or later mucus intermingled with them, the tenesmus becomes tormenting, the anus red excoriated, and the tumefied mucous membrane of the rectum shows a tendency to descend. This has now become *acute colitis*, *inflammatory diarrhœa* of some authors, or *dysentery* of others. Its treatment does not differ from that already mentioned for colitis, except that it must be conducted with greater energy and watchfulness.

Withhold food as strictly as possible, give cold water *ad libitum*, arrest the pain and irritability of colon by morphine injections, and keep the patient as quiet and cool as practicable, for this is a disease of hot weather.

The use of pure cold water in the irritable stomach of infantile diarrhœa is theoretically opposed by many practitioners, on the ground that it keeps up the vomiting, as they allege, and furnishes indefinite quantities of fluid to protract the diarrhœal discharges. Practically, I have never seen this theory supported, unless the water were combined with some alimentary substance. It is surprising, however, to see how little milk, or arrowroot, or barley, or any similar substance combined with water, will keep the vomiting and diarrhœa going on to a fatal issue. Pure cold water, on the contrary, will soon arrest vomiting, will give physiological rest to the stomach and intestines, will furnish the much needed fluid to the blood, and thereby calm nervous agitation and afford physical rest and restoration.

As to the treatment of the prolapsus of the mucous membrane of the rectum which we occasionally see follow one of these attacks of colitis, I will add that I have found nothing of any service which does not arrest the irritability of the part, and the frequent movements of the bowels which attend it. Any agent which secures prolonged repose of the colon and rectum, will cure this condition. The most certain means which I have employed is an injection of the solution of morphine, thrown up immediately after reducing the prolapsed membrane by a cold water compress and putting the patient to bed. The bowels do not move for twelve or forty-eight hours, and recovery of tone and natural condition progresses rapidly. A single application of this kind is generally sufficient, and I have seen very few resist more than two or three. There is still another form of most fatal diarrhœal disease of infancy, presenting the following train of symptoms: A mild form of diarrhœa having generally existed for a few days, there suddenly come on vomiting and purging of a copious watery substance, at first containing feculent material, but subsequently an almost pure, opalescent, and nearly odorless fluid, without apparent pain or tenesmus. There is