

and rapid and great exhaustion. After these symptoms cease to be observed it may be called by any other name more indicative of the pathological condition which has supervened. The succeeding disease is in most cases intestinal inflammation, and should be considered and treated as a distinct affection, just as in the adult when enteritis results from cholera morbus. The term cholera infantum is not employed by English authorities, but there can be no doubt that this affection is just as prevalent and fatal in the large cities of Britain as in those of America, and is described under West's comprehensive classification of inflammatory diarrhoea.

Cholera infantum depends mainly upon uncleanliness, and a residence in a poisoned atmosphere loaded with the gasses of decomposing animal and vegetable matters, and abounds in ill-ventilated and badly-drained houses. It occurs commonly under the age of two years, during the period of the rapid development of the intestinal follicles. It sometimes begins abruptly, the child having had good health previously, and it is not an unusual thing to witness a healthy infant in a few hours brought down to death's door. The only symptoms being one, or perhaps two most copious dejections of watery stools containing perhaps a small quantity of fecal matter. At other times it is preceded by a premonitory stage of simple diarrhoea, the stools being somewhat increased in number and thinner than usual, when suddenly the evacuations become more frequent and watery, and all the appearances of rapid sinking supervene. Occasionally the antecedent diarrhoea may have continued several weeks, attended with emaciation and intestinal inflammation. The stools are characterised by a peculiar musty odor, not fecal, but most offensive, and readily detected upon entering the apartment in which the child lies. They are colourless, or produce a mere stain upon the diaper. They may be subsequently very small in quantity and squirted, as it were, from the anus, in which case there is usually more or less tormina and tenesmus. Great irritability of the stomach is another symptom which rapidly increases the prostration and danger. The child rejects

everything as soon as swallowed. There is intense thirst; cold water or the breast being taken with avidity. The tongue is moist at first and clean, except occasionally a very light fur. The pulse is accelerated, and respiration is somewhat increased in frequency. The temperature is speedily reduced. I can find no thermometric observations recorded by authors who have described this disease, and have made none myself, but feel that if we could obtain them they would be most interesting. We know from reported cases of sporadic cholera how rapidly the temperature of the body sinks, and how tolerably correct prognoses are arrived at from the average temperature discovered in that disease.

An early symptom is great restlessness, due to the craving for water. The urine is scanty or almost entirely suppressed. The disease is attended with more rapid prostration and emaciation. The child from health and plumpness may in a few hours become a melancholy picture, with eyes sunken and bleared, the eyelids permanently open, and the skin drawn like parchment over the face. A condition of stupor results from which there is no relief, and which after a few hours ends in death.

It will now be well to briefly describe the different anatomical characteristics discovered in the three varieties of this disease, and the distinctions as revealed by post-mortem examination. Billard says that he has observed in the intestines of those who die of non-inflammatory diarrhoea, isolated follicles and follicular plexuses of the intestinal tube in considerable numbers, and developed without being inflamed. The follicles appear at the commencement of dentition. In 12 infants three were aged from eight days to three weeks, two aged two months, and seven from nine to twelve months. Ten of these were affected with diarrhoea of liquid, white mucous matter, which is really the serous diarrhoea of authors; and every symptom leads to the belief, that there is a direct relation between the development of these follicles and the augmentation of their secretion. He does not consider this development of the muciparous follicles as a true inflammation, but the state of excitability which causes the augmentation of their secretion is, as it were, an intermediate