include milk—irritable stomach, aad variable appetite, and almost continual thirst. Its discharges may be yellowish, fœtid, and watery, when voided, but become green after a little exposure, generally containing mucus; and there is usually some tenesmus. The child does not have very marked fever, except at varying intervals; emaciation progresses more or less rapidly, and the tongue, as well as the anus, indicate by their redness, enlarged papillæ, and excoriation, a profound disturbance of the alimentary canal.

The case is one of chronic *colitis the usual diarrhœa of infancy*. The colon, as a receiving and absorbing cavity for the excrementitious and alimentary matter poured into it by the small intestine, and by its own excretory glands, refuses to perform its functions; consequently, as fast as material is lodged in it from above, it is hurried on through to the rectum and discharged, not only adding to its own irritability, but not permitting the absorption of much of the alimentary matter provided in the canal higher up. During the transit of a fresh supply of such material through the diseased colon, the child often has an intense febrile heat of skin, and not unfrequently convulsions, which terminate life. Both the fact that the morbid changes found after death from diarrhœa in infancy are chiefly in the large intestine, and the phenomena of the disease show conclusively that it is a *colitis* almost exclusively.

When we add to these evidences the result of the *treatment* of colitis I see no room for a doubt that the usual diarrhœa of infancy, of which so many children die among us annually, is simply colitis. The treatment is clearly to avoid the causes which set up this inflammation, and to lessen the already existing inflammation and irritability. This is accomplished by witholding food as much as possible, keeping the desire for drink satisfied with water, and thus securing physiological rest for the colon. This rest may be more completely effected by calming its pain and irritability by means of anodynes thrown over part of its surface, *viz.*: the rectum. But in this use of anodynes we should never forget that neither the rectum, nor any other part of the large intestine, can digest; that its function is to absorb, and, therefore, nothing should be introduced into it, except solutions, or substances easily soluble in water, and therefore in the moisture of the mucous membrane. Nothing but evil can come from introducing the time-honored *starch, gum-water mucilage* of various kinds, oil, albumen, etc., into a diseased and irritable colon or rectum. The watery portions of these preparations are alone absorbed, if retained long enough, and the solid residu is left behind, doing much more harm than good, and often more harm than the combined anodyne does good. The idea that in some forms of inflammatory