

rather irregular areas where the endothelium has been eroded. Some appear as chinks and streaks or triangular cuts in the mucosa, others as shallow punched-out, pin-head sized cavities. No pseudo membrane has been formed.

From a female infant aged nine months. Onset one week before admission, diarrhoea with pus and blood, eight to nine movements per day. Prostrated. Markedly desiccated. Survived about one week after admission. Extremely toxic. Had a great deal of tenesmus. No clinical evidence of acidosis. Parenchymatous degeneration of kidneys. (Entry No. 6263.)

6. *Acute ulcerative ileo-colitis in infancy.*

A small piece of jejunum from the preceding case about four feet above the ileo-cæcal valve to show the abrupt commencement of the dysenteric lesion, which was continuous from that point down to the rectum as shown in specimen No. 5. (Entry No. 6263.)

7. *Acute membranous ileo-colitis of infancy* (probably the most fatal form of infantile diarrhoea known).

A portion of ileum, cæcum, colon and a piece of sigmoid from a young child; mounted in three strips.

The whole of the large bowel and the greater portion of the ileum shows an active inflammatory process with congestion and thickening in the mucosa, which is the seat of the patchy adherent membrane. These changes are most marked in the cæcum and lower part of colon and sigmoid. The ileum for about 12 cm. above the ileo-cæcal valve is relatively free from disease, the area in its immediate neighbourhood is intensely involved.

History of severe diarrhoea six days. Pus and blood in stools. CO₂ tension alveolar air 30 mm., white blood cells, 20,000. Convulsions on admission which continued intermittently until death. Spinal tap negative. Stools between eight and thirteen per day with blood and pus.

At post mortem the process was seen to be most marked in the large bowel which was cedematous with patches of active congestion and was throughout the seat of a putrid inflammation, covered with pus and lymph exudate. Parenchymatous degeneration of kidneys and fatty infiltration of liver. (Entry No. 6259.)

Discussion: Dr. F. M. Fry: I am sure we all wish to thank Dr. Abbott and Dr. Goldbloom for giving us such a wonderfully clear exhibition of diseases in infants. I do not see that any discussion is necessary but I would like to express our gratification and thanks for the privilege of seeing such an excellent series.