most important feature of the disorder. The cardinal feature is the dilatation of the stomach. In a baby weak at birth, born in a condition of some slight defect—I impress upon you the defect is slight, but nevertheless it is there—there is a greater tendency for the stomach to stretch than in the normal infant. The pylorus only contracts and relaxes at intervals. It is its function to protect the intestine from the passage of food materials at wrong times. Whenever vomiting occurs it can only be caused by the pylorus closing. If the pylorus were not to close, the stomach would force the food into the intestine. So the contraction of the pylorus is a normal process. With the baby I am describing, peculiarly liable to gastric distension, if the food is not perfect, dilatation rapidly occurs, so that instead of the usual shape of the stomach, you have dilatation. Such a stomach as that, after straining on the pylorus, sets up a condition of chronic irritation, and moreover, when the stomach does contract, it is out of position. Instead of forcing, as in a healthy condition, the food into the tube, it passes the food upwards. The great cause of the spasm is in my opinion the dragging of the loaded stomach on the pylorus, with the result that it becomes in a condition of chronic spasmodic contraction.

Those features are interesting, because there is a great controversy in the medical profession at the present time as to whether those cases should be operated on or not. Some physicians hold that this is an organic stricture, opposing the passage of food, and an operation has been designed by which the intestine is joined to the stomach, cutting out the region of the pylorus. As a matter of fact, not long ago a case was sent to me by several doctors who had seen it in consultation in a country town, and although I did not know this had been said, all the doctors advised the mother that if I recommended operation, she was to take the advice, as she might be sure nothing else could save the baby. Well, I do not favour operations on those cases, and I sent the baby into the Infants' Hospital. Simply by adjustment of the diet, and the necessary care of the baby, we were able to cure the pyloric spasm, and the dilatation of the stomach, and make a good cure without any operation at all. So I think you will agree with me that it is important to recognise these cases as early as possible, and I will summarise the cardinal features.

The baby is slightly defective, as a rule about 20½ inches in length, and it is a young baby, under four months of age. The symptoms begin early, and very often occur in breast-fed babies. The vomiting is irregular, sometimes being a marked feature, and at other times much less marked. Dilatation of the stomach is always present. Constipation is almost invariably present, and I may also mention that the baby generally presents a somewhat withered and dry appearance.

The stomach acts as a check on the entrance of the food into the intestine, and does not play a very essential part in the actual processes of digestion. This is the business of the intestines, and particularly of the small intestine. Into the duodenum the liver pours its secretion. We have the liver above, and the bile duct passing into the duodenum. The pancreas is nothing but an organ for the secretion of the digestive juices. Its duct joins the duct from the liver, and, together the digestive secretions from these two organs pass into the middle part of the duodenum. We have to deal here with processes of a remarkable chemical and physiological character. One of the characteristics of the intestinal dejections of the infant is that they are largely bye-products thrown out by the liver, and pancreas, and the mucous membrane of the intestine. The yellow colour of the normal motion in the healthy infant is due to pigment in the bile, and when these motions become pathological, and the colour becomes a grass green, it is due to the oxidation of one pigment (bilirubin) into another form (biliverdin). Consequently the study of the processes involved in the intestinal digestion throws light on the actual processes as they are going on in the individual infant. That is why we pay attention to the character of the dejections of the infant. In this hospital, for instance, the babies are fed on food the elements of which are in strict accordance with the prescription, so that we know exactly what the baby is receiving, and how far the baby is thriving, and we gather the nature of the processes which are going on in the intestine from examination of the dejections. The normal dejections should be light yellow in colour, like loosely mixed mustard, without odour, except a very slight stale odour, and they should be moderately loose, certainly not formed. Let us contrast that with a bad case of intestinal disorder in an infant. The first thing we notice is the large amount of mucus, indicating inflammation of the whole tract of the intestine, and particularly of the large intestine. Very frequently that is associated with lumpy material, often described as curd, and it may be so, but it is very often mucus combined with the sloughs of ulcerative lesions in the colon. In such cases, where intestinal disorder has been present for some long period, chronic colitis

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