

the second case the wrists and the tibio-tarsal articulations were quite painful. In the third patient the lesions were confined to the distal phalanges of the fingers, but were well marked. In these cases the lesions resembled those described by Marie under the name of *ostéo-arthropathie hypertrophique pneumique*; but a like explanation could not here be invoked, since in the second case these lesions were very marked, while the hypertrophy of the liver and spleen was too slight to interfere sufficiently with the activity of respiration.

A third point to which attention is directed is the retardation in development manifested by such patients. This was especially noticeable in a youth of nineteen years, whose disease began at seventeen years of age; his height and weight were much inferior to those of most young men of his age, being about the average of a boy of fourteen or fifteen years; he was hardless, and upon the pubes and in the axillæ the hair was rudimentary; the limbs were slender and the muscular system weak.

RAYNAUD'S DISEASE IN A CHILD WITH HEREDITARY SYPHILIS.

KRISOWSKI (*Jahrbuch f. Kinderheilk.*, 1895, Bd. xl. S. 57) reports a case of local asphyxia and symmetrical gangrene in a child of three years of age suffering from hereditary syphilis. For three months previous to his first observation local asphyxia of the fingers and tips of the ears occurred whenever he was taken out into the open air. The parts became cadaveric in hue during the exposure, and then, after returning to the house, took on a violaceous tint, which after some hours gradually gave place to the normal coloring. The reaction was, as is usual, attended with considerable pain. These paroxysms had occurred for two months, when, after an exposure, the discoloration of the ears did not subside, and vesicles appeared upon the superior border, to be succeeded by plaques of gangrene the size of a bean, occupying upon each ear a symmetrical area of the superior border and extending upon the concave face of the pinna. The skin alone was involved. Taking into consideration the diathesis of the patient, the author began specific treatment (mercurial injections and potassium iodide), which produced a rapid cure.

HYDRONEPHROSIS OF CONGENITAL ORIGIN IN A CHILD.

MARTIN, of Geneva (*Revue de Chirurgie*, 1895, No. 4, p. 324), reports the observation of a boy of two and one-half years brought to the hospital for a progressive enlargement of the abdomen. A rounded tumor occupied the left hypochondriac, umbilical, and hypogastric regions, and extended several fingers' breadth beyond the median line. The growth appeared distinctly limited and separated from the liver by a furrow. Fluctuation was distinct. Puncture with the aspirator-needle gave issue to 600 grammes of clear, transparent fluid containing urea and cellular elements of the kidney. Nephrectomy was accordingly done. The cystic tumor, about the size of a child's head, contained about a litre of liquid. The opening of the ureter was found at the lower portion of the sac. It was exceedingly narrowed, scarcely permitting the passage of a very fine probe, and passed very obliquely

through the wall of the sac. To this excessive narrowing of the ureter the author attributes the causation of the hydronephrosis.

MULTIPLE ANGIOSARCOMATA IN A NEWBORN INFANT.

KAREWSKI (*Revue Mensuelle des Maladies de l'Enfance*, July, 1895) reports the unique case of a newborn infant that presented over the entire surface of the body small, soft, subcutaneous tumors, which had no connection with the bloodvessels or nerves. These growths gradually increased in size until at the age of four months they reached the size of the infant's fist; the skin covering them was marked with dilated bloodvessels. One of the tumors, extirpated for examination, rapidly recurred; sections of the growth showed the structure of an angiosarcoma. Though the child had developed normally up to this age, a marked degree of leucocytosis had existed for some time, the white corpuscles numbering three times the normal. The author regards the case as demonstrating that sarcoma may take its point of origin from the adventitious tunic of the bloodvessels, a question which up to the present has been in dispute.

RETROPHARYNGEAL ABSCESS SUBSEQUENT TO MUMPS.

HAND (*Archives of Pediatrics*, July, 1895) reports a case of mumps in a boy of twenty-two months, the subsidence of the parotid inflammation being followed by enlargement of the lymphatic glands at the angles of the jaw, by an extremely irregular fever, and by intense anæmia. No cause could be assigned for the persistent temperature-elevation, which followed the hectic type, until about two weeks after the onset of the parotitis, when the pre-emptive diagnosis rested between tuberculosis and retropharyngeal abscess. Physical signs of either disease, however, were wanting, but attacks of cyanosis and trouble in swallowing now began to be noticed. The pharynx, except for slight catarrh, exhibited no abnormality, and continued so for eleven days longer, when after an interval of forty-eight hours between visits a fluctuating swelling was observed nearly occluding the pharynx. Incision of the abscess was followed by rapid subsidence of symptoms, convalescence being interrupted only for a day by incipient mastoiditis.

The case is noteworthy for the slow development of the abscess, since the process in children is rarely prolonged beyond a week. In Hand's case a hectic type of fever was recorded for fully three weeks, and no cause for it could be assigned until the abscess rather suddenly made its appearance.

SUPPRESSION OF URINE IN DIPHtherIA.

WILDE (*British Medical Journal*, May 11, 1895) records three cases of pharyngeal and nasal diphtheria in which death resulted from suppression of urine. The observation is of interest as bearing upon one of the objections recently raised against antitoxin, since two of the cases were treated before antitoxin was in general use, and the third, although clinically indistinguishable from true diphtheria, was not bacterioscopically confirmed, and the patient therefore was not injected.

Few deductions, the author remarks, can be made from such a small series