This is the most common form. The presence of icterus is noticed in a large number of the cases reported, but the production of this sign is problematical.

A Rheumatoid Condition of Measles in Infancy.—M. FEIBELMANN (*Munch. med. Woch.*, 1911, lviii, 1560) reports an acute, polyarticular inflammation occurring a few days after an eruption of measles in a six-months-old infant. The infant showed the typical symptoms and eruption of measles. There were no Koplik spots. The temperature was 39.3° C. Under treatment the eruption faded rapidly. Several days later the infant developed intense swelling and redness of the dorsum of the right foot and joints of the great toe, the dorsum of the left foot, the joints of the right hand, and the right elbow-joint. All the affected joints were intensely tender. Examination of the heart and mucous membranes was negative. The treatment consisted of aspirin internally and local application of aluminum acetate. The following day showed the same involvement of the right hip- and knee-joints. Sweating was not observed and the spleen was not palpable. The axillary and inguinal glands were not enlarged. By the third day the joint conditions began to improve and the temperature was normal. The leukocytes were 12,000. In four or five days the symptoms had disappeared and the child had entirely recovered. At no time could any cardiac involvement be demonstrated. Feibelmann concludes that there was a direct etiological connection between this polyarticular affection and the measles which developed five days previously; in other words, he considers this an arthritis of measles. Acute articular rheumatism is a rarity in infancy, and some authors deny that it ever occurs in the early months of life. There was no evidence of tuberculosis, syphilis, serum disease, or gonorrhea as a causal factor in the case. The intense inflammatory reaction, the redness, and external tenderness in this case are not seen in a pneumococcus arthritis. Finally, the severe constitutional symptoms of a septic arthritis were entirely absent. Joint complications frequently occur in the various infectious diseases, such as scarlet fever. They are, however, extremely rare in measles, and Fritsch, in a recent search through literature for this particular complication in measles was able to find but 5 authentic cases. Feibelmann mentions 4 additional cases, 2 cases credited to Kompe, 1 to Spitzzy, and 1 to Oliuto, which, with his own case just described, make a total of 10 cases. In a number of these cases the condition developed finally into joint effusion or chronic arthritis.

Clinical Aspects of Acute Appendicitis in Children.—HAROLD COLLINSON (*The Practitioner*, 1911, lxxxvii, 61), in emphasizing the clinical difference between appendicitis in children and in adults, states that it is the commonest and most important surgical disease of the abdomen in childhood. Most of the cases occur between the ages of five and fifteen years. In children the appendix is comparatively larger, lymphoid tissue is more abundant, and there is a shortness and lack of development of the omentum. The causes of appendicitis are similar to those of adults, careless feeding and catarrhal diseases probably taking the lead. The difficulties in making a diagnosis in infant children are great. Pain, a constant symptom, is often ascribed to an

ordinary gastro-intestinal attack. Nausea and vomiting may be absent even in peritonitis. It is hard to determine and estimate abdominal rigidity. A rise of temperature is so common in children that this sign is not absolutely reliable. Fever in appendicitis usually begins some time after the initial pain. A sudden drop is a danger signal, and may mean gangrene or perforation. In gastro-enteritis, vomiting is earlier and precedes the pain. Abdominal pain is less severe and true abdominal rigidity is absent. It is a grave mistake to treat appendicitis with a purgative. The chest should be carefully examined in every sudden onset of illness in children because of the abdominal symptoms occasionally observed. There is no real rigidity in this case. The onset is just as sudden in intestinal obstruction as in appendicitis. Abdominal tenderness and rigidity are usually less marked, distention is earlier, and pyrexia is absent. The condition may occur during an attack of appendicitis from adhesions. A rising pulse rate disproportional to the temperature is a danger signal. Tenderness and rigidity are the most important symptoms we have, although they are often not marked. The prognosis in children is doubtful, and depends on the virulence of the affection and the method of treatment. Apart from early operation the prognosis in children under ten years is bad. Above five years, with early operation the outlook is good, below five years it is not always serious. The indiscriminate use of purgatives is a large factor in the fatal termination of many cases. In the treatment, a careful examination is imperative to establish a diagnosis. Having made a diagnosis of appendicitis, operation or the waiting method may be chosen. The Oelsner method of absolute starvation for four days is not applicable in children. The only safe course is operation, and this should be urged even during the first forty-eight hours because of the inability to predict the subsequent course of the disease, especially as in these patients the symptoms are so misleading and the margin of safety is small. During the second stage of the disease operation should be advised, but as little manipulation as possible should be observed. After the subsidence of a case the appendix should always be removed. The keynote of treatment is operative procedure at the earliest possible moment.

Early Cardiac Paralysis and Hemiplegia in Diphtheria.—CHESWELL BROWN (Brit. Jour. Child. Dis., 1911, viii, 311) reports a case of nasal and faucial diphtheria in a girl, aged four and one-half years, in which cardiac involvement appeared on the eighth day. Up to the thirteenth day the cardiac symptoms were distant first sound of the heart, vomiting, and disturbed rhythm of the beats, albuminuria. So far the treatment was adrenalin solution, 1 to 1000, *ix* every four hours. On the thirteenth day cantering rhythm, or *bruit de galop*, developed and vomiting continued. On the seventeenth day the heart was much dilated, pulse very rapid, but the cantering rhythm had disappeared. Tincture of digitalis in doses of 5 minims were now added to each rectal feeding every four hours. The pulse rate was 124. Three days later the pulse rate had dropped to 72, and in three more days the digitalis was discontinued. On the eighteenth day the pulse was still irregular, the heart still enlarged, but the heart sounds stronger. Albumin was still present in the urine. Up to the twenty-second day

the cardiac condition gradually improved, although vomiting still continued at intervals. There was some paresis of the left labial muscles, and nasal voice. Paresis of the splenius vesice developed, and tincture of belladonna, Mx , and adrenalin, Mxx , were administered in the nasal feedings. On the twenty-sixth day reduplication of the second sound appeared, and lasted sixteen days. On August 4 external paralytic squint appeared. The knee-jerks were absent on the forty-second day. Three days later paralysis occurred in the left arm, and shortly afterward in the left leg. There was no aphasia. On the seventy-third day, thirty days after the onset of hemiplegia, the arm and leg were almost well. There remained only paralysis in the extensor muscle of the thumb and the peronei of the leg. The child was discharged in this condition. After four months of electricity and massage, the affected muscle had improved but still showed weakness. The knee-jerks were still absent. Very few cases of hemiplegia following diphtheria are recorded. Dr. Rolleston, in searching the whole literature, found only 65 cases. In the present case there were no mental symptoms, although some cases show motor aphasia. Cases of early cardiac paralysis in diphtheria are usually fatal. Among 326 cases of paralysis severe cardiac paralysis occurred in 33 instances. This form occurred in 10.1 per cent. of all forms of paralysis and in 2.1 per cent. of the total diphtheria cases.

The Specific Organism of Scarlet Fever.—A. E. VIPOND (*Archives of Pediatrics*, 1911, xxviii, 564) publishes a preliminary report of his investigations in scarlet fever to determine a specific organism. He believes that the enlargement of the lymph nodes in infectious diseases is due to the irritation from the specific organisms of the diseases, the portal of entry being the tonsil. The infection is then carried to the lymphatic system. A number of organisms have been isolated in scarlet fever and claims set up for their specificity. Such are the coccus described by Chass, of Chicago, and the streptococcus isolated by Gordon and Klein. Investigators, however, incline to the belief that the streptococci in scarlet fever are secondary invaders and not the specific organisms. Vipond, believing that the specific organism would be found in the lymph nodes, obtained lymph from enlarged glands in 7 cases of scarlet fever. This lymph, under strict antiseptic precautions, was inoculated into slants of Agar, blood serum, and broth. There resulted a raised white growth which turned out to be bacilli. This bacillus, when isolated, proved of rapid growth, and grew rapidly on all different media, including dextrose agar, blood agar, plain agar, blood serum, and broth. In each of the cases cultures of this same bacillus were obtained. Out of the 7 cases Vipond obtained a pure culture of this bacillus in 5 cases, 2 from inguinal nodes, 1 from axillary nodes, and 2 from anterior cervical nodes. Regarding this bacillus as the specific organism, he injected broth culture of it into monkeys, hoping to develop scarlet fever. The monkeys were all healthy and showed no glandular involvement before inoculation. The first monkey inoculated developed general involvement of the glandular system in forty-three hours. It became quite ill, and on the fifth day developed a red rash, a typical strawberry tongue, and died. The same bacillus was recovered from the enlarged glands. The other three monkeys