PÆDIATRICS.

UNDER THE CHARGE OF

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A Case of Pemphigus Neonatorum.—HOLT (*New York Medical Journal*, February 5, 1898) reports an interesting case of so-called pemphigus of the newborn, which bears out the findings of Strelitz and others, and shows that certain of these cases are simply varieties of sepsis, and are not due to syphilis, to which all such cases have been most generally attributed.

The infant when admitted to the hospital, at the age of nine days, presented many bullæ over its shoulders and lower part of its body. No history of syphilis was obtained in the parents or in two other children. It was brought from a home of great destitution and squalor, and had evidently been neglected from its birth; but in spite of this it was vigorous and well nourished. The body was very dirty. The bullæ were from a quarter of an inch to an inch in diameter; none were present over the back or chest, none upon the feet or hands, and only two upon the face. Some of the more recent lesions were flaccid, and had slightly turbid contents; others had ruptured, showing a deep red base formed by the cutis vera, and still others showed superficial ulceration, and were discharging pus. The navel was normal, but a moderately severe purulent ophthalmia existed, which showed abundant pus organisms, but no gonococci. The contents of one of the bullæ on the neck and of another on the thigh showed pure cultures of the staphylococcus pyogenes aureus.

The condition grew worse; numerous new lesions appeared, and the baby died of exhaustion on the third day after admission.

The lungs showed large areas of atelectasis in both lower lobes, with emphysema anteriorly and many punctate hemorrhages on the surfaces of both lower lobes. The thymus showed punctate hemorrhages, and the liver, spleen, kidneys, and suprarenals were intensely congested, the latter showing also punctate hemorrhages. Cultures from the lungs showed the staphylococcus with the bacterium lactis aerogenes; the spleen and left kidney, the streptococcus longus; and the liver, the streptococcus longus and the staphylococcus. Cultures of the staphylococcus were injected into a mouse, which was found dead at the end of twenty-four hours, yielding the same organism from the heart's blood and at the site of injection.

Acute Nephritis Complicating Mumps.—CHARLES G. KERLEY (*Archives of Pediatrics*, February, 1898) records a case of mumps of moderate severity in a boy of four years. The child was seen for the first time on the third day of the disease, and rest in bed was enjoined. Five days later it was found that the child had been allowed to be up and about the house. His

condition was markedly changed. The skin was pale and waxy in appearance, with œdema of the lower lids and adjacent parts, but none elsewhere. Temperature was 103°; the pulse hard and wiry, beating 140, and the skin was hot and dry. No urine had been passed during the previous twenty-four hours, and for two days before the suppression the urine had been high colored and scanty. After appropriate treatment a small quantity of urine passed was deep-red in color and was loaded with albumin, the microscope showing blood in abundance, with granular and hyaline casts. Recovery was very rapid and complete, normal urine being passed on the sixth day of the attack.

The author directs attention to the value of hot saline flushing of the colon in the management of cases of this type, having found this a most efficient means of inducing the kidneys to resume functional activity.

[This very rare instance of renal disease complicating mumps emphasizes the fact that even in the mildest infectious diseases, as has been so recently proven concerning varicella, the condition of the kidneys should always be watched during the course of the disease and in its convalescence.]

The Pseudo-membranous Anginas of Scarlatina.—HIRSCHFELD (*Jahrbuch f. Kinderheilkunde*, Bd. xliv., S. 237) presents a valuable study of 166 cases of scarlatinal angina observed in the service of Professor Heubner. Three groupings were distinguished.

The first group comprised fifty cases, in which the angina was slight, and appeared under the form of isolated or confluent plaques upon the tonsils, and sometimes invading the uvula and pharynx. The false membrane was distinguishable in these cases from that of diphtheria by its viscid consistence and its feeble adherence to the subjacent tissues. The submaxillary ganglia were frequently swollen, and at times reached the dimensions of a nut, but often tumefaction was absent. This angina exercised almost no influence upon the general state and the morbid phenomena belonging to scarlatina. Appearing ordinarily from the first to the third day, it was over in from ten to fifteen days. The treatment was purely symptomatic and not local. All these children recovered.

In the second group, which comprised the cases designated by the author as the malignant form of scarlatinal angina, the prognosis was extremely grave. Of twenty-seven children presenting this form of the complication, not one recovered. These cases were among children varying in age from nine months to three years, most of whom were exhausted by a previous infectious disease (diphtheria, measles, pertussis, rhachitis, syphilis, etc.). The angina was present at the onset, or appeared from one to four days after the beginning of the disease. The false membranes extended rapidly, the breath became fetid, and sanious fluid came from the nostrils. The swelling of the ganglion was enormous, and reached the clavicles, having the appearance of a diffuse phlegmon of the neck, but yielding no pus upon incision. Other manifestations of septicæmia were suppurative otitis, purulent conjunctivitis often with panophthalmitis, suppurative arthritis, broncho-pneumonia, hemorrhagic nephritis, and catarrhal or pseudo-membranous enteritis. The heart and liver showed parenchymatous degeneration, with hypertrophy of the spleen. Treatment seemed without avail.