A Case of Morbus Cordis.—T. R. WIPHAM (*British Journal of Children's Diseases*, 1907, iv, 252) reports a case of heart disease, in which there had been 7,800,000 red blood corpuscles per c.mm. The patient was a girl, aged eleven years, who was subject to frequent attacks of epistaxis. The heart was much enlarged, and there was a thrill at the apex and at the base, especially over the aortic area. Presystolic and systolic murmurs were present at the apex, and the latter was loud and rough at the base, especially to the right of the sternum. The second sound occasionally could be heard in the pulmonary region, but only faintly; elsewhere, it was entirely absent. There was no cyanosis or clubbing of the fingers. The patient had recently had acute rheumatism, but there was no history of a previous attack or of chorea. The diagnosis suggested was mitral stenosis and possibly a congenital narrowing or coarctation of the aorta.

Tuberculous Disease of the Spine in Children.—OLIVE ELGOOD (*British Journal of Children's Diseases*, 1907, iv, 229-252) considers spinal caries an inaccurate name to give to all forms of tuberculous disease of the vertebræ. A primary, superficial caries does occur fairly frequently in adult life, but in children this type is rare. The disease conforms primarily to one of two pathological types: (a) The localized soft, caseous deposit, or the sequestrum, in the interior of the bone, which is the usual form met with in children; (b) the primary superficial caries. In the former tubercle bacilli become deposited from the blood in the cancelli of the vertebræ, and give rise to a collection of epithelioid cells, which either become differentiated into round areas forming microscopic or macroscopic tubercles, or remain undifferentiated as diffuse, infiltrating tuberculous tissue. In either case an area of simple inflammatory round cells occurs round the specific formation due to the irritation set up, primarily by the pressure of the latter in the surrounding normal tissue, and secondarily to the gross weight of the trunk above the seat of the disease pressing on the softened vertebræ. As the tuberculous disease spreads into and replaces the granulation tissue, the latter extends into the normal bone, progressively absorbing it, while in the central part the tuberculous tissue either breaks down into caseous pus forming the soft tuberculous deposit, or may, in parts, caseate and in other parts organize into fibrous tissue and sclerosed bone, which then comes to lie in caseous pus, forming sequestra; the latter are not frequently seen in children. The disease ultimately reaches the surface, either at the front or sides of the body, or it perforates backward into the spinal canal. After reaching the surface of the body it may continue as a secondary superficial caries, spreading along the surface of the bodies and destroying the intervertebral disks, or it may form a localized abscess, surrounding the spot where the caseous pus has reached the surface.

Primary superficial caries is due either to a primary deposit of tubercle in the periosteum or surface of the bone, or is the secondary result of the perforation of an internal deposit on to the surface. The disease being on the surface spreads rapidly to the adjacent soft parts, giving rise to the typical tuberculous abscesses of the various regions. In rare cases the disease occurs in the transverse processes, or spines, and then quickly gives rise to an abscess, the disease being so near the surface.