rapid decline in health, the suspicion will be awakened that cancer has also developed, but the diagnosis can only be confirmed by curettage.

Extirpation is the only proper surgical treatment. If the uterine tumor does not exceed a child's head (!) it may be removed per vaginam, otherwise by celiotomy, due care being exercised to prevent infection of the peritoneum by contact with discharges from the cervix, by tamponing the canal with gauze and closing the os with sutures.

CARCINOMA OF BARTHOLIN'S GLAND.

SCHWEITZER (*Archiv für Gynäkologie*, Bd. xlv., Heft 2) reports the case of a woman aged fifty-eight years, who presented a primary cancerous growth the size of a pigeon's egg on the right labium, at the site of Bartholin's gland; the entrance of the duct could be demonstrated on its surface. The inguinal glands were enlarged. Three years later the tumor had increased to the size of a hen's egg, when it was excised, but there was a rapid recurrence in the inguinal glands. The diagnosis was confirmed by the microscopical examination. Primary carcinoma in this region is exceedingly rare, and has not been previously described at any length.

PÆDIATRICS.

UNDER THE CHARGE OF

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PULMONARY INFLAMMATIONS IN YOUNG CHILDREN.

N. MILLER, of Moscow (*Jahrbuch f. Kinderheilkunde*, Bd. xxxvii., Heft 2, January, 1894, p. 113), has made an extensive study under this title, from material gathered in the Moskauer Findelhaus, and concludes with the following general propositions:

1. Pneumonia among these foundlings is very common, giving rise to one-third of the total mortality in this hospital.

2. The causes of the frequency of this disease are numerous, being attributable partly to anatomical and physiological peculiarities of the respiratory organs at this time of life; partly to various prejudicial influences, climatic, telluric, hygienic, and hereditary in character, to which these children are exposed, both without and within the institution.

3. Congenital pneumonias were seldom observed, and the diagnosis during life was almost impossible; they are septic or syphilitic. The former are

very often lohar and diffuse, and end fatally in the stage of red hepatization; the latter may appear in different anatomical forms: pneumonia gelatinosa, alba, gummosa, interstitialis fibrosa; but generally congenital syphilitic pneumonias are rarely encountered at birth among those inheriting the syphilitic taint.

4. Acquired pneumonias in such children are either primary or secondary complicating other diseases. The latter are twice as frequent as the former. Broncho-pneumonia, in lobular or lobar-confluent form, similar to the catarrhal pneumonia of adults, is the most frequent primary, as well as secondary, form of inflammation. Much less frequent is the pure lobar pneumonia.

5. Primary pneumonias far oftener than secondary are apt to be purely lobar or croupous in nature; for the most part they are unilateral, and more frequently right-sided. Complicating pleuritis, which is not infrequent, is usually fibrinous, very seldom purulent.

6. Secondary pneumonias are very seldom lobar from the start; usually they are lobular and confluent, becoming lobar by extension, like the catarrhal pneumonia of adults. For the most part they are double; and when, rarely, they are unilateral the right lung is more frequently affected.

7. Primary pneumonia relatively seldom is associated with congenital atelectasis; very often, but not always, it develops from a bronchitis, laryngotracheitis, or grippé. The secondary broncho-pneumonias often originate from a hypostasis or in the train of acquired congestive atelectasis.

8. The acquired septic pneumonias are often interstitial, double, and complicated with purulent pleurisy.

9. The so-called cerebral pneumonias, from complicating meningitis, are very seldom observed in these children, as is also the hemorrhagic form of pneumonia; the former complicating quite exclusively the primary lobar form, the latter found relatively often with secondary broncho-pneumonia.

10. As terminations of pneumonia in very young children, rarely observed, were abscess, gangrene, and chronic inflammations; cheesy and tuberculous forms resulting in large cavities and cheesy degeneration of bronchial glands. General miliary tuberculosis was encountered only in exceptional cases.

11. The pneumonias of young children were very often (one-fifth of all cases) complicated with pleuritis, fibrinous forms being observed more often with primary lobar pneumonias, and purulent with lobular broncho-pneumonias. Pleuro-pneumonias were oftener double, and, when unilateral, usually left-sided.

A CASE OF ANÆMIA INFANTUM PSEUDO-LEUKÆMICA.

FISCHL (*Prager medicinische Wochenschrift*, 1894, No. 1) reports a case under this title which offers certain very interesting peculiarities. The patient was a child of little more than a year old, badly nourished, pale, and presenting all the symptoms of grave rhinçhitis. The spleen was markedly hypertrophied, descending into the pelvis and extending beyond the median line. The liver was also hypertrophied, reaching one and a half fingers' breadth below the border of the ribs. The lymph-glands were enlarged considerably, forming distinct chains. Alternating diarrhœa and constipation were present. The affection had begun about five months before, developing after the first signs of rachitis were evident, a condition which had only appeared after