the stools were sanguinolent or purulent; weight was rapidly lost. The tonic element was manifested by the fever and more or less marked collapse. The autopsy of such cases showed tumefaction of the lymphoid elements of the intestine, with tendency to ulceration. Most especially infectious and contagious were those in which the general symptoms were slight, but the local phenomena (bloody or purulent stools) very marked.

The researches into the causes of this form of infectious enteritis have not yet been completed, but the author is disposed to attribute it to streptococci.

**Thyroid Extract in Myxœdematous Idiocy.**—Sklarek (Revue Mensuelle des Maladies de l'Enfance, February, 1899, p. 75) exhibited before the Medical Society of Berlin, at a recent meeting, a girl, aged fifteen years, the subject of a congenital myxœdematous idiocy. At the time of admission to the asylum her height was only thirty-two inches and her weight 15 kilogrammes (thirty-three pounds). Under the influence of thyroid treatment for one year the stature increased five and one-half inches, the hair became thick and natural in appearance, the old teeth were shed and replaced by the permanent teeth, the temperature became normal, and the intelligence improved.

**Lesions of the Intestine in Heredo-Syphilis.**—Lochte (Société Médicale de Hambourg, October 25, 1898) describes very interesting intestinal lesions found in the bodies of two new-born infants, each dying on the sixth day, the subjects of hereditary syphilis.

In one child there were two gummata in the lung, and one in the head of the pancreas. In the jejunum there was a circular ulceration 3 to 4 mm. in diameter, covered by a dysenteric slough. Similar ulcerations were found in the ileum; Peyer's plaques were normal.

Histological examination showed small round-celled infiltration of the mucosa about these ulcerations, disappearances of Lieberkühn's glands, and thickening of the muscular coat. At the point of ulceration the mucosa was completely destroyed, the submucosa showing cellular infiltration with formation of granulation tissue, with endarteritis and periarteritis. The thickened muscular coat was the seat of confluent hemorrhages.

In the second case the intestine presented even to the naked eye a multitude of yellowish foci of fatty degeneration involving the muscular fibres. Besides these foci there was a considerable number of miliary granulations formed by polyvuclear cells and connective-tissue elements, which the author considered to be miliary gummata.

**The Symptomatology of Friedreich's Ataxia Following Infectious Diseases.**—Katz (Deutsche medicinische Wochenschrift, 1898, No. 37, S. 587) reports the case of a girl, aged eight years, who, in the course of a grave attack of scarlatina, presented symptoms of cerebro-spinal meningitis, and, during convalescence, paralysis of the four extremities, with loss of speech. All these symptoms gradually ameliorated, and when the child was first seen by the author, two years later, she showed most of the symptoms of Friedreich's disease: ataxia and characteristic gait, disturbance of speech, nystagmus, absence of knee-jerks, absence of disturbances of sensation, absence of
pain and of paresthesiae, and integrity of the sphincters. What was wanting to complete the picture of Friedreich's disease was:

1. Hereditary nervous antecedents; 2. Family type of the disease; 3. Progressive aggravation of the affection, which had shown not the slightest modification of the symptoms in the two years the case had been under observation.

On the other hand, tabes, multiple sclerosis and chorea could be easily excluded, so that the diagnosis of Friedreich's disease seems well established.

Another case, likewise without hereditary antecedents and showing its earliest symptoms two months after an attack of whooping-cough, is reported by Variot (Journal de Chirurgie et de Thérapeutique Infantiles, 1898, No. 24, p. 463). The patient was a boy, aged eight and one-half years. The symptoms consisted of ataxia of the lower limbs, with abolition of knee-jerks and absence of lightning pains, and the existence of less marked disturbance in the arms; the speech was drawling and articulation imperfect; the Argyll-Robertson sign absent.

Compression of Trachea by Enlarged Thymus.—Lange (Société Médicale de Leipzig, December 13, 1898; Revue Mensuelle des Maladies de l'Enfance, March, 1899) reported a case under this title, observed in a nursling of four months, who, for fifteen days preceding death, had continual attacks of laryngo-spasm, which could not be controlled either by bromides or by phosphorus. These attacks, which lasted three to four minutes, were characterized by slowing of the respiration, cyanosis, clonic contractures of the limbs, with the thumbs flexed and turned inward beneath the other fingers. The child died during one of these paroxysms, and the autopsy revealed a large thymus, which measured 8 cm. in length, 5½ cm. in breadth, and 5 cm. in thickness, and was adherent to the pericardium. The heart, and especially the left ventricle, were hypertrophied. The trachea was distinctly flattened from compression by the enlarged thymus.

The Etiology of Acute Anterior Poliomyelitis.—F. Schultze (Münchener medizinische Wochenschrift, 1898, No. 38, S. 1197) publishes a most instructive case, which apparently sheds light upon the etiology of at least some cases of acute anterior poliomyelitis. The patient was a boy, aged five years, who became suddenly prostrated and feverish, and twenty-four hours later presented a paralysis of the two arms. Two days later he was brought to the hospital, and the fever, which was then declining, disappeared on the following day. The paralysis of the arms persisted, and it was then noticed that the muscles of the neck were paralyzed. The plantar reflex was exaggerated on both sides, the abdominal reflex normal. Pressure over the spinous processes was painful, especially in the cervical region.

Several days later the condition remained the same, but slight contracture was manifest in the lower limbs. Lumbar puncture was made, and under considerable pressure yielded 30 c.c. of clear cerebro-spinal fluid containing a few flakes and showing the presence of the meningococcus intracellularis.

The symptoms of spinal irritation gradually disappeared, and several months later the child left the hospital with an atrophic paralysis of both arms. He was seen several times in the following year and no change in the palsy noted.