ment of the mother consisted in the daily administration of one and one-half grammes of thyroid body. At the end of a month and a half her goitre had almost totally disappeared, and in the infant the cure was complete. A later course of treatment considerably improved the general condition of the baby.

The Pupillary Reflex in Infectious Diseases.—COSTE, of Marseilles (*Congrès français de Médecine interne*, April 12-16, 1898), has found that the pupillary reflex remains normal in measles, variola, and scarlatina; it is more or less abolished in primary hemorrhagic variola. In typhoid fever, if a pulmonary complication arise, the reflex is diminished; in infectious endocarditis it may be completely paralyzed, and in cholera its absence is of fatal significance.

The Role of Secondary Infections in the Hemorrhagic Forms of Eruptive Fevers.—HAUSHALTER and ÉTIENNE (*Revue mensuelle des Maladies de l'Enfance*, June, 1898) have found that in variola hemorrhagic complications appear to be due to a secondary infection of the streptococcus. This organism has been found in pure culture in the blood and viscera of a child dead of a hemorrhagic septicæmia appearing at the period of pustulation. The disease had been contracted in the hospital during convalescence from diphtheria. But the most important argument for this view was found in a distinct dissociation observed to exist between variola and hemorrhagic streptococcic septicæmia, as instanced in a child affected with a discrete and very benign variola, developing normally; during the convalescence fatal hemorrhagic complications occurred as the result of the removal of the patient during the first period of the disease to a ward in which hemorrhagic cases of the disease were being cared for. Moreover, the hemorrhagic form appeared to be independent of previous vaccinations. The authors conclude that in variola a mixed or secondary hemorrhagic streptococcic infection may occur.

A generalization of these conclusions with reference to other infectious diseases was offered by a case showing a hemorrhagic staphylococcic septicæmia during the desquamative stage of scarlatina.

Treatment of Infantile Syphilis by Hypodermatic Injections of Mercury.—FEDTCHENKO (*Semaine Médicale*, 1898, No. 9) has made a number of trials of the hypodermatic method of treating acquired or inherited syphilis in children, with very satisfactory results. The solution used was composed of fifteen centigrammes each of benzoate of mercury and chloride of sodium in fifteen grammes each of glycerin and distilled water. Of this two divisions of the ordinary Pravaz syringe, or one milligramme of the mercurial salt, are given to infants of one month, three divisions to those aged two or three months, four to those aged from four to six months, and five to those between seven months and one year. With children of more than one year the strength of the solution is doubled, and three to six divisions of the syringe injected, according to age. The injection is repeated every three or four days. According to Fedtchenko's observations, this treatment has always been well supported and has never provoked general disturbance, stomatitis,