diagnosed as appendicitis. By the same means, pneumonia occurring in meningitis, typhoid fever, or influenza has been detected at once.

In practice this sign is easily elicited. It suffices to expose the chest while the patient is in the dorsal position waiting until the agitation, which accompanies the first moments of examination, passes away and the breathing becomes regular. The difference of expansion on the two sides may then be readily observed. This may be better appreciated by passing the hand alternately over the two apices, or a stilet may be used to emphasize the difference in expansion on the two sides.

Duodenal Ulcer in an Infant of Ten Months.—VANDERPOEL ADRIANCE (*New York Academy of Medicine, Séance, January 10, 1901; Pediatrics, July 15, 1901, p. 63*) reported the case because of the very early age of the patient, a male infant in the Nursery and Child's Hospital. The family history was negative except that the mother was a hard drinker and irresponsible. On admission to the hospital the history was that the child had been very restless and had developed some gastro-intestinal symptoms. The condition became steadily worse, and the child cried constantly and placed his hands on the abdomen. After the first two weeks of rapid emaciation, and another fortnight in which the condition remained stationary, a relapse occurred, and about two pounds were lost in the week preceding death. Shortly before the end there were a number of bloody stools and some blood was vomited. At autopsy an ulcer was found in the duodenum, measuring 1 by 2 cm., which had nearly eaten through all the coats. The liver was excessively fatty.

The youngest case heretofore recorded was in a child, aged four years, the ulcer developing after a burn.

A Case of Subcutaneous General Emphysema.—W. L. CARR and SAMUEL PIERSON (*New York Academy of Medicine, section on Pediatrics, Meeting May 9, 1901; in Pediatrics, October 15, 1901, p. 314*) report a rare instance of this complication in a boy, aged four and a half years, suffering from pneumonia. For five days there were noted only the clinical symptoms of pneumonia, without detectable physical signs; from this until the tenth day the physical signs became clearly marked in the right lung, and then the other lung became affected. Five days later slight emphysema of the neck was noticed, and by the next day it had become general on the arms and trunk. Both lungs cleared up about this time, but the emphysema extended all over the body, gradually disappearing within the next three weeks. The child made a good recovery. The case is interesting from the fact that this complication is extremely rare with pneumonia; and with the lobar type, of which this was an instance, a general emphysema is almost without exception the forerunner of a fatal result.

Gangrene after Scarlatina and other Infectious Diseases.—EICHHORST (*Deutsches Archiv für klinische Medizin, Bd. lxx., Hefte 5 u. 6*) adds a new case of this very rare complication of scarlatina. The patient was a girl, aged four years, who had an unusually severe attack of scarlet fever. At the end of the third week symptoms of embolism of the left leg appeared