possesses no positive diagnostic value in connection with pelvic hæmatocele, and may result from nutritive disturbances in afebrile as well as in febrile affections.

MENSTRUATION AND OVULATION.

LEOPOLD and MIRONOFF (*ibid.*) conclude, from their surgical and pathological studies of this subject, that: 1. Menstruation and ovulation usually coincide, though the former often occurs independent of the latter. 2. Menstruation is directly dependent upon the presence of the ovaries and the normal development of the endometrium, and *not* upon the ripening and bursting of a Graafian vesicle. 3. Ovulation usually occurs at the time of the monthly flow in consequence of the increased congestion of the pelvic organs at this time, when a typical corpus luteum results. 4. Ovulation may occur at other times during the month, though seldom under physiological conditions. 5. Sometimes the increased blood-pressure due to the menstrual crisis may lead to the rupture of an unripe ovum, when an atypical corpus luteum results. 6. Even after the climacteric, normal ovaries may persist and may rupture physiologically, atypical corpora lutea resulting.

PÆDIATRICS.

UNDER THE CHARGE OF

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THE TREATMENT OF HYDROCEPHALUS.

WYSS (*Correspondenzblatt f. Schweizer Aerzte*, 1893, No. 8, p. 289) reports a case in an infant aged eight months, in which repeated puncture produced very gratifying results. In the course of a year seven punctures in all were made. After each operation the symptoms of cerebral compression diminished; the sight, which had been greatly affected, returned to normal after the fourth puncture; and measurement of the head showed manifest diminution in all the cranial diameters. One year after the last puncture the child, then two years and three months old, was physically well developed, carried his head easily, could sit up, had twenty teeth, but could not yet walk. For a year he had had only one attack of convulsions, which had previously been very frequent. He heard well and had good vision, could sing and repeat words and phrases, but was incapable of forming them spontaneously.

In view of this success, the author confirms the reports of the advantages

of puncture made by other writers: disappearance of convulsions (Bergmann); favorable influence upon the physical development (Rehn, Phocas, Quincke, Karnitzky, Wyss); psychical development and re-establishment of vision (Wyss). The operation is not devoid of inconveniences, but these can be avoided. Cephalhæmatoma consecutive to the puncture is very rare in these cases, and can be avoided by puncturing the lumbar canal. Infection of the meninges, with consequent meningitis, is not to be feared when the operation is performed under rigid antisepsis. The collapse which has sometimes followed the puncture is never alarming. Finally the author concludes that puncture and aspiration of the cranium or of the lumbar canal are indicated in acute meningitis accompanied by phenomena of compression, in tubercular and syphilitic meningitis of slow progress, and in the increased size of the head observed after certain meningites.

TREATMENT OF WHOOPING-COUGH BY RECTAL INJECTIONS OF CARBON DIOXIDE.

BERGEON (*Lyon Medical*, 1893, No. 26, p. 254) suggests a new field for gaseous rectal injection in treating whooping-cough, a plan which he has used successfully in the case of his son, aged three years.

Immediately after a kick, provided three hours had elapsed since the ingestion of food, he administered a gaseous injection of from one to two litres of carbonic acid gas, containing a few centigrammes of pyridine. The child could eat immediately after the injection, which gave rise to no digestive disturbance. After a fresh kick the injection may be repeated at four-hour intervals. In severe cases it may be necessary to keep up the injections during the night. In some cases the injections have been given five or six times in the twenty-four hours. The most severe cases are said rarely to resist this treatment more than a week.

LOCAL TREATMENT OF INCONTINENCE OF URINE.

POUSSON (*Journal de Médecine de Bordeaux*, 1893, No. 21) states that incontinence of urine in children may be classified under three pathogenic forms: 1. That dependent upon atony of the sphincter. 2. The vesical irritability of Trousseau, without any alteration of the sphincter. 3. Irritability of the membranous portion of the urethra, or contracture of the sphincter. Cases due to atony of the sphincter, and those dependent upon vesical irritability, as described by Trousseau, in which belladonna proves most efficacious, are easily understood; but in association with contracture of the sphincter, incontinence seems paradoxical. M. Janet has given this ingenious pathogeny: such children are neuropathic, emotional, and preoccupied all day by their urinary function, interrupting frequently their play and work to micturate—polyurics and pollakiurics. This watchfulness does not entirely remit at night: when they sleep deeply they return to it, and imbue their dreams with the desire to micturate, just as they constantly introduce it into their sports by day.

In all these forms the different medicinal remedies are not to be neglected; but when they fail, it is necessary to have recourse to local treatment, which

acts by excitation of the sphincter. The induced current is the more commonly employed, and is applied by introducing into the urethral canal a slender bougie containing a metallic conductor terminating in an olive tip which is brought in contact with the sphincter. A feeble current is used and kept up for several minutes, and the operation is repeated daily. Decided improvement is obtained after several days.

The author reports encouraging success with this treatment, especially in seven cases which had resisted all the usual medicaments. Among these patients a little girl was cured quite rapidly. This case is emphasized, because the efficacy of local treatment in the female has been denied. Six of the patients had stricture of the sphincter, the seventh had contracture of the sphincter. All were cured rapidly.

TUMOR OF THE ORBIT IN A NEWBORN CHILD.

COURAUT (*Centralblatt f. Gynäkologie*, 1893, No. 32, p. 141) reports a rare instance of dermoid tumor of the orbit causing exophthalmos at birth. The infant was the sixth child of a woman whose antecedents could not be ascertained. Immediately after birth the left eye was observed to be markedly displaced forward by a mass which seemed to fill the entire orbit. The circumference of the tumor measured anteriorly 14.5 centimetres; its height was 3 and length 4 centimetres; the lids were separated 2.75 centimetres. The next day the tumor was enucleated with the eye; it contained connective, muscular, osseous, and cartilaginous tissue, mucous and sebaceous glands, hairs, etc. The child made a good recovery.

AN ASCARIS IN AN INFANT OF THREE WEEKS.

MILLER (*Jahrbuch f. Kinderheilkunde*, 1893, Band xxxvi., p. 39) records an interesting case of a newborn infant in which, after the fall of the cord, umbilical suppuration occurred, leading to perforation of the intestine. From the fistula thus formed a lumbricoid worm was discharged. The child later succumbed to pneumonia. The chief interest in the case lies in determining the method of entrance of the egg of the parasite. As the child was nourished at the breast from the time of its admission to the hospital on the third day after birth, it is most probable that infection occurred during the first three days of life, possibly by means of water used to dilute cow's milk for its feeding.

Another striking fact is the rapid development of the worm, which, at the time of its exit through the umbilical fistula, measured 18 centimetres in length. According to Leuckart the ascaris attains this size only after three or four months. The part played by the parasite in the production of the intestinal fistula is also a question of interest. Authorities are divided upon the point whether ascarides are able to perforate the intestinal walls. Monodière, Leroux, Sibold, and Leuckart affirm this to be possible, while Rokitsky, Küchenmeister, Lebert, Bremser, and Rudolphi are as positive on the opposite side.

In the case reported, the author does not admit the possibility of such perforation, believing that the parasite came from the bowel by the fistula.

already formed: after the fall of the cord there occurred at first an abscess, then gangrene of the umbilicus, which by extension to the intestine, already attached by inflammatory adhesions, produced the perforation and subsequent fistula.

**CACHEXIE PACHYDERMIQUE (MYXŒDEMA) WITHOUT IDIOCY
IN A CHILD.**

MARFAN and GUINON (*Revue mensuelle des Maladies de l'Enfance*, November, 1893, p. 481) record the history and very complete autopsy of a case of myxœdema in a boy thirteen years of age, traceable back to the seventh year, after an attack of measles and submaxillary abscess. The case is interesting for the absence of idiocy. All of the cases cited in the collection of Bourneville were more or less idiotic; and in the more recently reported experiments of Rehn and Hoffmann (Twelfth Congress of Internal Medicine, Wiesbaden, 1893), with reference to the employment of thyroid extract, the existence of idiocy in the childish patients does not seem to be noted. The intellectual peculiarities of the patient of the authors consisted only in slowness of ideation and feebleness of memory—characteristics quite identical with those observed in the spontaneous myxœdema of adults; whence it seems proven that this latter variety of the disease may occur as well in children as in adults.

The arrest of physical development is appreciable in the following conditions: at thirteen years the height was one metre (about that of a boy of seven years); the genital organs were very little developed, and the milk-teeth were still present, with four of the large molars.

Among the hereditary antecedents, alcoholism in the father and consanguinity in the parents (first cousins) were noted. In addition to the well-known characteristics of the disease, the child was affected with marked dyspnoea and cyanosis of lips and ears, which increased in intensity till death, a week after admission to the hospital.

At the autopsy the thyroid was found to be almost completely atrophied. Among other lesions most carefully described, that of the larynx deserves mention. There was a pachydermic infiltration of the mucous membrane of the larynx, most marked at the aryteno-epiglottic folds. These formed two thick cords, which notably contracted the superior opening of the larynx. Microscopic examination showed that this swelling was due, like that of the integument, to an accumulation of fatty tissue in the submucous layer. This lesion explains the marked dyspnoea noted in this case in the last few days of life. Subjects of pachydermic cachexia, as a rule, show a slight dyspnoea and cyanosis, but in the present case the respiratory disturbance played a predominant rôle, the dyspnoea without modification of the voice resembling that observed in œdema of the glottis. The effects of this stenosis of the larynx were more rapid and fatal from the coexistence of a certain degree of vacuolar degeneration of the fibres of the heart-muscle.

THE OPIUM HABIT IN CHILDREN.

UNDER this title LOUIS FISCHER (*Medical Record*, February 17, 1894, p. 197) reports four cases in detail, out of a total of twenty-two observed, and