

PEDIATRICS

UNDER THE CHARGE OF

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A Case of Chorea Complicated by Gangrene of the Fingers.—CHODAK (*British Jour. Children's Dis.*, July-September, 1919) reports a case of a girl, aged twelve years, who was admitted to the hospital suffering with chorea of a week's duration, and with no history of an antecedent attack. Ten days later the right hand became white and the fingernails blue. In the course of a week gangrene of the finger tips and the ball of the thumb had definitely set in. The pallor spread up the arm. There was no pulse at the wrist, but the brachial artery could be felt pulsating about half way down the arm. The pain became severe. Later the brachial pulse disappeared slowly from below upward and the brachial artery could be felt like a thick cord along the arm. The choreic movements subsided soon after the gangrene began. The gangrene began to fade early and was checked with some loss of function of the hand. There were three possible causes: embolism, arteritis leading to thrombosis, and arterial spasm. The writer inclines to the arteritis being the cause although he draws no absolute conclusion to that effect. There have been other cases of gangrene of the extremities following chorea reported in the literature.

Feeding Solids to Sucklings.—LOWENBURG (*New York Med. Jour.*, January 3, 1920) analyzes the records of 128 cases to ascertain at what ages solids were first given and to note the effect upon alimentary function and nutrition. Of these, 76 received solid food between the ages of six and eight months. He says that the food elements; protein, fat, carbohydrate, water and mineral salts exist in all foods in varying amounts. He sees no reason why these materials as they exist in the vegetable and animal kingdoms, as represented in other foods than milk, when properly prepared, may not be administered to sucklings. Thorough cooking and fine mechanical subdivision provide the means whereby foods other than milk may be made acceptable to the digestive apparatus of the infant. Babies under one year bear well a mixed diet containing comminuted solids. The best age at which to commence their use is probably at six months, although further clinical experience will probably demonstrate that it can be accomplished earlier. This has already been noted in malnutrition in either bottle or breast-fed babies. Even in very young infants of from two to three months an immediate gain occurs following the use of gradually increasing amounts of well-cooked cereals such as farina, cream of wheat, cornmeal mush and the like. The total elimination of milk, a twenty-four to thirty-six-hour hunger period, the use of a saccharated weak tea, followed by the use of the least fermentable carbohydrates (starches), and finely comminuted solids, constitute the correct treatment for diarrhea. Alkalies such as calcium carbonate and fuller's earth are useful additions in that they