treated with an ointment of oxide of zinc. It was discovered that some days after returning home the younger boy had developed a small eruption of vesicles on the right thigh, which had been smeared with the ointment which had been used for his brother, and which had not been destroyed at the time of the disinfection. Two days later the child had become ill with scarlatina, and, as already noted, the rash had begun upon the right thigh.

The author, therefore, asks if this case should not be considered as one of surgical scarlatina, the vesicles having served as a point of entry for the scarlatinal virus; and since the evolution of the disease was quite mild, he inclines to think that it proved to be, in effect, a sort of vaccination with a scarlatinal virus attenuated by its exposure to the mild antiseptic action of the zinc ointment.

Congenital Torticollis.—MAASS (*Zeitschrift f. Orthop. Chirurgie*, 1903, Bd. xi.) concludes from a study of forty cases of congenital torticollis, nearly all the subjects at the time of observation being under three years of age, that torticollis of intrauterine origin (due probably to lack of amniotic fluid) is rare; that the condition arises most frequently during birth, not as the result of tearing of the muscle, as Stromeyer contends, but from a traumatic necrosis of the muscle which has healed by formation of cicatricial tissue. This lesion, which is found principally in breech or forceps cases (80 per cent. in Maass' statistics), is due less to direct pressure upon the muscle than to its hyperextension.

When the distortion is too great to hope for regression, binder, massage and moist heat, Maass has recourse to Mikulicz's operation (partial resection of the muscle). With older children a post-operative orthopedic treatment should be continued for a long time, in order to correct secondary deformities of the vertebral column.

Polymyositis in Children.—SCHULLER (*Jahrbuch für Kinderheilkunde*, 1903, Bd. viii., S. 193) reports the observation of a child who, in the course of whooping-cough, was seized with fever, chills, headache, and dyspeptic symptoms. These phenomena, which lasted four days, during which the kinks were in abeyance, were replaced by swelling of the eyelids and a painful induration of the muscles of the face and neck. This rigidity, in turn, invaded the muscles of the thorax, back, abdomen, and, finally, those of the limbs. At the end of three weeks these painful contractures began to subside, and two months later the child was completely well.

In studying the features of this case, the author arrives, by exclusion, at a diagnosis of polymyositis, in favor of which he offers the following: The affected muscles were hard, infiltrated, both painful and tender, and were clearly outlined under the skin. The contractures persisted during sleep. Direct stimulation of the muscles by the faradic current produced slow contractions, while rapid contractions were produced by the indirect faradic or the galvanic current.

Five other cases of polymyositis in children have been found in the literature, and are abstracted in the paper.

Paralysis of Accommodation and of the Uvula following Mumps.—MANDONNET (*Annales d'oculistique*, 1903, No. 2) reports a case of this rare sequel of parotitis. The patient was a child aged nine years, who,