

is less contagious than measles and probably equal to that of scarlatina; its period of transmissibility is from two to three weeks. The period of incubation is from one to three weeks. Prodromas are often wanting, the first symptom being frequently the rash itself. Febrile symptoms may precede the rash by from six to twenty-four hours. Initial vomiting is exceptional. Mild catarrhal symptoms with hyperemia of the mucous membranes of throat, mouth, or eyes are occasionally present. The eruption appears first on the face, spreads to the neck, and then rapidly downward, involving the trunk and portions of the extremities in a few hours. It is especially pronounced over areas covered by clothing and does not pick out the flexor surfaces. Fine points may first appear, quickly blending into a general hyperemia; small patches of normal skin with irregular margins are visible here and there. The oronasal pallor of scarlatina is absent. The rash fades rapidly after two to three days without stain, which is often observed in rubella and measles. There is no itching and the skin does not feel hot. Desquamation of a fine and branny character usually follows the disappearance of the exanthem. The fever subsides with the eruption. The tongue is negative beyond an occasional coating, the throat, beyond an occasional hyperemia; the pulse is in proportion to the fever. The postcervical and occipital lymph glands may be enlarged in the early part of the attack; massive enlargements are only seen in complicated cases. Sequels and complications rarely occur, the course being usually mild and uneventful. It is differentiated from scarlet fever by (1) its long period of incubation; (2) absence of initial vomiting; (3) moderate fever of brief duration; (4) normal ratio of pulse to temperature; (5) absence of characteristic scarlatinal tongue; (6) absence of, or, if present, the fine character of, the desquamation; (7) the freedom of sequels; (8) probably the absence of leukocytosis.

The Prevention of Ophthalmia of Infancy.—L. HOWE (*Virginia Medical Semi-Monthly*, 1907, xii, 265) points out that more blindness is caused by ophthalmia neonatorum than by any other disease and that a 2 per cent. solution of silver nitrate is the most reliable prophylactic. He emphasizes the necessity of a law in all States which makes necessary an immediate report of all infants in whom one or both eyes become inflamed, swollen, or reddened at any time within two weeks after their birth; and if laws were passed to make the employment of Credé's method compulsory, it would be a still greater boon to the human race.

The Purpura of Children.—H. R. DEAN (*Brit. Med. Jour.*, 1907, ii, 815) has studied 52 cases of primary purpura during the last ten years and has found them all to be of one type with differences in degree of severity. Some, because of their mildness, had to be classed as purpura simplex; but even they presented some intestinal derangement and joint disturbance. In some of the cases a predominance of arthritic changes was noted, but in none of these could a history of rheumatic fever be obtained. The joints are not so hot as in rheumatism; a predominant feature is a general oedema of the shin and foot, while the joint disturbance is not so obvious; the temperature chart of the two diseases differs; profuse sweats are absent in purpura and cardiac complications are almost unknown. Gastro-intestinal symptoms, such as sudden violent