

and cold to the head caused a disappearance of the symptoms. A left-sided paralysis was noted, the mouth being drawn to the right. Absolutely all signs of this paralysis had disappeared by the eighteenth month. At three years the child again had an intestinal infection: constant slight fever, foetid diarrhoea. This continued for a long time, the diarrhoea alternating with a persistent constipation; the tongue was constantly coated. Suddenly one day she again fell over and had a slight convulsive seizure, followed by somnolence, fever, and irritability, and a complete right-sided hemiplegia. Purgatives and enemas soon cleared up the patient's mental state, but the paralysis and aphasia persisted. After several weeks the paralysis disappeared and speech returned. The urine during the entire attack remained abundant, and contained no albumin. Four months after the onset not a sign of paralysis could be observed. In Longo's opinion both paralytic attacks were due to an intestinal intoxication. He excludes hysteria chiefly because of the age of the child; the functional nature of the condition is ably defended.

Hemorrhoids in Infants.—After reviewing the scanty literature on this subject, D. G. ZESAS (*Arch. gén. de chir.*, 1908, ii, 355) reports such a case in a child aged three and one-half years. He finds that heredity is of importance in the development of hemorrhoids in infants. Any condition interfering with the circulation, just as in adults, may induce hemorrhoids; constipation plays a very important part. Other causes are tumors within the abdominal cavity, enlarged mesenteric glands, diseases of the liver, etc. Infections about the anus may cause a phlebitis, and a secondary hemorrhoidal state may result. Phimosis has been followed by hemorrhoids. Zesas' patient had been rachitic since birth; he had marked bleeding from the anus with each stool since his sixth month, and of late discharged blood even without stool. The cause of the condition has not been recognized. A Whitehead operation was performed and the patient recovered completely. The hemorrhoids may be in the form of an angioma or a simple varicosity. Zesas states that there should be no difficulty in differentiating it from rectal polyps, the only condition with which it might be confounded. The treatment should always be operative; recurrences have never been noted.

Artificial Infant Feeding.—PISEK (*Amer. Jour. Obst.* 1908, lviii, 694) summarizes this important subject for the general practitioner in the following sentences: All infants require a liberal supply of fats and carbohydrates to supply energy and heat, and a small supply of proteids and mineral matter to replace the daily loss. If these are supplied, the infant can get along for considerable periods of time without showing bad effects, but successful development and growth cannot take place. For proper growth, a liberal supply of proteids and mineral salts in addition to the quantity needed to replace waste is absolutely essential, for while gain in weight may result from the conversion of fats and carbohydrates of the food into body fat, growth or the formation of blood and tissue cannot occur unless there is more proteid and mineral matter in the food than is needed to replace loss. The development of the infant rests on the proteid supply. A portion of the proteids of

the food for healthy infants must be in the form of milk, as this is changed in the stomach, by the gastric secretions, into a semisolid food which is the forerunner of solid food. All infants conform to the general laws of nutrition, and no infant is a law unto itself except in nonessentials and in its preferences for different forms of food. Varying the form in which the food elements are presented has much to do with success in feeding, and feeding in difficult cases depends absolutely upon it. Infants differ to a marked degree in capacity for digesting and assimilating food. Some will be able to thrive and grow on a quantity of food on which other infants will not much more than hold their own. As each element of the food performs a special function in nutrition, it is important to know approximately the composition of all feeding mixtures employed, for excess or deficiency of one or all of the ingredients is attended with harmful results, if continued for any length of time. The raw materials for making up food for infants under all conditions consist almost exclusively of cow's milk, milk sugar, cane sugar, and the cereals. The successful infant feeder is the one who can combine these substances in such a manner as to meet the peculiarities of each particular infant.

Tabes and Juvenile General Paralysis through Acquired Syphilis.—APERT, LEVY-FRAENKEL, and MENARD (*Arch. de méd. des enfants*, 1908, xi, 477) report the case of a girl, aged fifteen years, whose father contracted syphilis when she was two years old; immediately after acquiring it he infected his wife. Both of them had initial lesions and a number of secondary manifestations, and treatment in the form of van Swieten's fluid was carried out but a short time. The father developed tabes six years later, and died of general paralysis twelve years after the onset of the syphilitic infection. The mother is living; she has tabes also, developing it about the same time as her husband. An older brother is living and well. The patient slept with her parents (between them) at the time they had their initial lesions. The child developed a purulent discharge, had ardor urinæ, and lost much flesh. She also had a cutaneous eruption some weeks later. At the age of fourteen there was headache, vomiting, fever, and coma, all of which disappeared after some days. Her present illness was ushered in by an epileptiform convulsion, during which she had conjugate deviation, nystagmus, vomiting, positive Babinski, and absence of knee-jerks. The latter persisted after the attack; there is also now incontinence of urine and attacks of vomiting. After recovering from the acute attack the child remained quiet, melancholy, and somewhat queer. The pupils became unequal, the Argyll-Robertson sign developed, and later also an iridochoroiditis. A trophic ulcer has made its appearance on the outer side of the foot. Romberg's sign is positive and the gait somewhat characteristic of tabes dorsalis. There is no disturbance of speech or writing. The mental traits of general paralysis have become more and more pronounced. There is, however, no tremor, speech- or writing-disturbance. Antisyphilitic treatment has been of no avail.