

and rise of temperature. In the greater number of cases bacteria gain access to the uterus through the cervix during the puerperal state, but they are not virulent germs, and if the uterus has not been wounded they occasion no trouble.

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## PÆDIATRICS.

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UNDER THE CHARGE OF

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**An Anomalous Case of Infantile Scurvy.**—G. S. DE GROUTE (*Medical Record* April, 9, 1898) records a case of what seems by the therapeutic test to have been infantile scurvy, but presenting scarcely any of the classical symptoms of the disease. The child was a female, nine and one-half months of age, of good family history, and under good hygienic surroundings, never previously ill, and a picture of health. The first symptoms were pain in the right knee and hip, noticed only when certain movements were made, as when the nurse changed the napkin or made extension of the leg; neither joint was tender to pressure. Within twelve hours the pain was manifest also in the left shoulder and over the ribs, and soon after in the other limbs and the pelvis, though worse in the left arm and leg. There was only a slight swelling of the knee-joints; but no fusiform swelling of the lower extremities, no ecchymoses until late in the course of the disease, no changes in the gums.

The details of feeding were: Breast nursing for ten days; modified milk [no details stated] up to four and one-half months; then milk, barley-water, and water, of each two ounces; lime-water, one teaspoonful, sweetened to taste with milk-sugar and pasteurized. This last mixture was made stronger by increasing the milk and decreasing water until half milk and half barley-water; then the barley-water was made thicker. For a month before symptoms were noticed the child was taking at a feeding six ounces of this last mixture. As soon as the diagnosis was made pasteurization was stopped, and the juice of half an orange at first and later of a whole orange was given. Forty-eight hours after beginning orange-juice there was marked improvement, and in four days the child was well.

[Though the duration of symptoms is not given, nor the presence or absence of teeth remarked with the statement concerning the lack of changes in the gums, there is vague reference to the existence of ecchymoses late in the course of the disease, and it may be assumed from the context that the condition lasted some days, at least, before antiscorbutic treatment was begun. The rapid improvement is most suggestive of the correctness of the diagnosis. Infantile scurvy is so generally understood by medical men at the present

day, that incipient cases are frequently met, recognized, and cured before gross changes have taken place. In several cases in which we have had reason to be on the watch for scorbutic symptoms we have seen sponginess of the gums appear and yield to treatment all within a week, without any of the grosser symptoms having time to manifest themselves.]

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**The Duration of Immunity Conferred by a Single Injection of Diphtheria Antitoxin.**—F. GORDON MORRILL (*Boston Medical and Surgical Journal*, March 3, 1898, p. 193), whose experience in immunizing a large number of children in the Boston Children's Hospital is already well known, makes the following statements in concluding a paper on this subject: Immunity in any given case, of no matter how thorough exposure to diphtheria, may be conferred for at least ten days by the injection of a small dose (100 to 250 units) of serum, provided it is given twenty-four hours previous to actual infection. A larger dose (250 units for a child of two years, up to 500 units for one of eight or over) will confer safety for three weeks—or, to be a little more conservative, let us say, twenty days—under similar conditions.

No harm will result from the treatment in a vast majority of cases of *sick* children, and probably in no case of a healthy child, provided the serum used is up to the present standard of purity.

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**The Treatment of Epidemic Cerebro-spinal Meningitis with Corrosive Sublimate.**—DINAMI (*La Pediatria*, November, 1897) has employed with success the method of Dazio in treating meningitis with hypodermatic and intravenous injections of mercuric chloride. The patient was a girl of seven years, seized suddenly with high fever and intense cephalalgia. For five days the temperature ranged between 102° in the morning and 104° to 105° in the evening. There were general prostration, arrhythmia of pulse, scaphoid belly, vomiting, deafness, and photophobia. After the sixth day the fever became intermittent in character, ranging from 97° in the morning to 104° or 105° at night, the general state being quite good during the apyrexia, but with the rise of temperature coma being present. On the seventeenth day, after failure of treatment with calomel, wet cups, cold applications to the head and neck, opiates, antipyrin, phenacetin, and other remedies, one centigramme of sublimate was injected beneath the skin. After the first injection the temperature fell half a degree, and the headache became less intense. After the fifth injection fever and headache disappeared completely. Convalescence was slow, but the child was able to leave her bed fifteen days after the cessation of fever. The power of walking was not regained for a month, and during convalescence hallucinations were present. Despite the use of iodides the deafness persisted.

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**Noma in the Course of Pertussis.**—An instance of noma complicating pertussis, one of the rarest of the associations of *cancrum oris*, is recorded by SIMONINI (*La Pediatria*, November, 1897). The patient was a girl of three and one-half years. Toward the end of a severe attack of pertussis lasting three months, the parents noticed dribbling of saliva and detected a swelling of the gum over the right canine and premolar teeth. Two days later the disease had spread to the lip, the mucous membrane became livid and covered