

not be too strongly emphasized. The nurse should, therefore, be instructed in the use of the urinometer in the sick-room, and two daily observations should be recorded with the same regularity as is practised with pulse, temperature, and respiration records.—ED.]

Hysteria in Boys and Youths.—ARTHUR HALL (*The Quarterly Medical Journal*, August, 1900) reports a series of interesting cases illustrating the great danger of mistaking hysteria for organic disease, especially when the patient is a boy.

Case I., a boy, aged nine years, was first afflicted five weeks before observation. He had complained of pain in the legs on returning from school, and two weeks later he began to stagger so that he nearly fell into the fire. Since then he had steadily grown worse, his gait resembling that of cerebellar disease. He lay curled up in bed, objecting to both light and interference. The muscles of the legs and thighs were well developed and firm, with good power, no anæsthesia, complete control of sphincters, and normal reflexes. Perfect cure resulted after an exhibition of the faradic battery and its threatened use.

Case II. was observed in a boy, aged thirteen years, who thirteen days before consultation had sustained a blow upon the frontal region of the head from a falling box. No external lesion had been produced. The same day he had a fit, and continued to have two or three a day since. There was no vomiting; photophobia was complained of; but there was no paralysis, no anæsthesia, and knee-jerks were increased. The ocular fundi were normal. The "boiling-water" treatment during a very characteristic hysterical attack was very successful. In this expedient boiling water is loudly called for; cold is supplied, and, if necessary, is sprinkled on the brow.

Several other cases are recorded, two simulating cerebral tumor, in a boy of nine years and a youth of eighteen years respectively; one simulating meningitis (fifteen years), one simulating Jacksonian epilepsy (twenty-one years), and one simulating a lightning stroke (a youth).

In conclusion, the author remarks that the most striking difference between the hysterical boy and the hysterical girl is that the former apparently does it much more purposely, the difference being partly due to the difference in surroundings of the two. The boy has to live among boys, and knows how his fellows would tease him for any "girlish" tricks, hence he dreads discovery, and "plays the game" with greater thoroughness.

Abdominal Symptoms in the Pneumonia of Children—J. L. MORSE, of Boston (*Annals of Gynecology and Pediatrics*, November, 1899), calls attention to the danger of mistaking a case of so-called abdominal pneumonia in children for one involving the abdominal organs and demanding operative relief. He reports that he has seen two cases in which the abdomen was opened by experienced surgeons, because appendicitis and not pneumonia was supposed to be the cause of the trouble. In such cases physical signs in the lungs may not be recognizable for several days. In the absence of physical signs the combination of symptoms should arouse suspicion of the real seat of the disease. With an acute onset, with high temperature and the rate of respiration increased out of proportion to that of the pulse, even