

pain, vomiting, bloody diarrhoea, are extremely common, and may precede the purpuric rash for some days or even weeks. In purpura the lymphocytes are often increased; otherwise the blood picture is that of sudden and severe hemorrhage. Hematuria was noted seven times, and albuminuria without hematuria twice; hematuria may persist for weeks. In some instances the renal symptoms are sufficiently severe to permit of a diagnosis of acute renal disturbance. In 1 case the symptoms of renal calculus were simulated. Hematemesis occurs only occasionally; in 2 cases the symptoms pointed to intracranial hemorrhage, possibly meningial; in 1 there was effusion of blood into the pleural cavity. Hemorrhage into the buccal mucous membrane and conjunctiva, as well as epistaxis, are seen occasionally; retinal hemorrhage is rare. One-third of the patients have enlargement of the liver; the spleen is but rarely enlarged. Dean believes purpura to be the result of some undiscovered infective or toxic process. A very characteristic condition is to be found in the recurrence of the purpuric symptoms at irregular intervals for several weeks or even months. Through 4 cases of the series the close relationship of purpura with hemophilia is pointed out; but in all 4 the history of hemorrhage was on the father's and not, as in hemophilia, on the mother's side.

**Case of Cerebral Hernia in a Boy.**—E. F. TALBOTT (*Jour. Amer. Med. Assoc.*, 1907, xlix, 1441) reports the case of a boy, aged sixteen years, who as a result of a gunshot wound in the head had a paralysis of the right arm and leg, and of the bladder and rectum. There were two openings to the left of the crown of the head about one and one-half inches apart. A depressed portion of the inner table was removed, together with several spicules of bone, and the wound was closed with drainage. Pressure symptoms necessitated reopening of the wound; a hernia resulted, but the pressure symptoms were relieved. A sinus leading into the brain discharged pus for a month, when a small piece of bullet was found in its bottom; its removal caused diminution in the discharge of pus, but an increase in the size of the hernia. The hernia had to be cut away because of pressure symptoms, but later reappeared larger than before. Five months after the injury an abscess was located and drained; later still the hernia had again to be removed, when a second abscess which led well into the substance of the brain was opened and drained. Since then the wound has entirely healed, the boy enjoying good health physically and being well mentally. The bladder and bowels have recovered, but the forearm and leg are still paralyzed.

**Retropharyngeal Abscess.**—H. I. PINCHES (*Brit. Med. Jour.*, 1907, ii, 813) includes collections of pus at the back and side of the pharynx under this heading. He differentiates between the acute and chronic, the non-tuberculous and tuberculous. Most of the acute abscesses occur during the first twelve months of life; the children as a rule have been perfectly well and strong. In most cases the condition is preceded by some inflammatory affection of the tonsil or some of the lymphoid tissue of the neighborhood; enlarged tonsils and adenoids are present in almost every case of retropharyngeal abscess. The symptoms are: difficulty in swallowing and breathing; the child is always very ill, having high fever, a rigid neck, a retracted head, a peculiar cry, and in