

Essential or Toxemic Dropsies in Children (ACKERS, in *American Journal of Obstetrics*, August, 1902.)

These cases present all of the appearances of venal disease—swelling of the extremities, puffiness of the face and edema of the skin. Examination of the urine is negative. The heart and lungs are also in good condition.

This form of dropsy has been described under the terms "Essential or Toxemic Dropsy." Four cases are given, and in each case the dropsy was associated with gastro-intestinal disease, the child being in poor physical condition and worn out by the drain on the system before the dropsy appeared. The writer claims that it is always secondary to gastro-intestinal disease.

No *post mortem* was held in his one fatal case, but the writer asserts that, from the frequent urinary analyses made, no kidney lesion could have been present without discovery.

This has been called toxemic dropsy on account of the supposed presence of a toxin, and this is the opinion of the writer; and if there is no toxin there must be a chemical alteration of the blood which permits the transudation of the serum into the tissues.

Hold, Ashby and Bristin claim that the anemia will explain the dropsy. The writer denies this, and asserts that there are many cases of anemia in which no dropsy occurs, and that therefore some other agency must be present.

Etiology of Hodgkins Disease (*Pediatrics*, April 15th, 1902.)

John M. Dodson reports a case as his contribution to the discussion of the tubercular origin of this disease. There was a general enlargement of all the superficial glands of the neck, varying in size from a filbert to a hen's egg. Glands not tender, nor any evidence of inflammation present. No pressure symptoms and no enlargement of the axillary, abdominal or axillary glands. Spleen not palpable, and no leucocytosis. A diagnosis of the cervical adenitis, probably tubercular, was made, though the possibility of Hodgkins was considered. A gland was removed, but no tubercle or bacilli were found. This, with the failure of the tuberculin test, made a diagnosis of Hodgkins disease more probable. Fowler's solution was given, with a favorable result. It is highly probable that the disease is of infectious origin, but the nature of the infection is unknown.

To justify the diagnosis the writer claims that where there is absence of any antecedent affection of the throat, of pain and tenderness in the glands, of periadenitis, or of any tendency to suppuration, we properly exclude a diagnosis of chronic lymphadenitis.

He made his diagnosis in the failure of tuberculin test and the absence of tubercle in microscopic examination. W. J. G.