ment of the legs. This, it was thought by the mother, would pass away, but on its continuance, the family physician was called in, who examined the limb carefully and found no sign of any injury. Two weeks afterwards the child was again seen, the diagnosis of rheumatism made, and a salicylate mixture prescribed. No improvement followed, the child became very restless at night, and I was asked by the attending physician to see the infant. I found the child very pale, almost earthy in color, but with a fair amount of subcutaneous fat. On examination, there was evidence of slight rachitis. The chest was well shaped, there was no ecchymoses anywhere to be seen, and there was no distinct enlargement in any place of either of the lower limbs. The child made no effort to move its limbs, and cried bitterly when any forcible attempt was made to disturb them. The reflexes were normal. On examination of the mouth, the gums were found in a very similar condition to that described as met with in the previous case. Around the two lower incisors there was a broad line of inflammation of deep bluish hue, bleeding easily when touched. The lungs, heart and abdominal organs all appeared healthy. On enquiry, I found that while the other children had been fed on various mixtures of milk and flour, for this child the mother had been instructed to boil all the milk given. This she had endeavored to do thoroughly, the better to kill the germs. So the boiling continued over several minutes.

In the way of treatment I prescribed as before, a little orange juice, and the red juice of underdone steak. I also stopped the boiling of the milk. On the following afternoon I received word from the mother that there was already a marked improvement; and when I called after a few days I would hardly have recognized it for the same infant.

Only a few weeks ago, Dr. Barlow, in the Bradshawe Lecture before the Royal College of Physicians, has very exhaustively treated the whole subject of scorbutus in infancy. Dr. Gee, in 1871, first drew attention to this disease, and described five cases under the title of osteal or periosteal cachexia. Not, however, until 1878 were the symptoms of this disorder asserted to be scorbutic in character by Dr. Cheadle, and in 1883 Dr. Barlow, in a lecture before the Medico-Chirurgical Society of London, gave the first complete account of its clinical history, etiology, and the morbid conditions present in the bone lesinos, and demonstrated its resemblance to scurvy in the adult. Since then numerous cases have been reported in England. In America, Dr. Northrup, at the meeting of the American Pediatric Society in 1889, was the first to report cases of infantile scorbutus, and in his paper last year before the New York Academy of Medicine, a total of 106 reported cases were recorded as having been observed in America.

The disorder generally makes its appearance in infants between the ages of nine and eighteen months. It is said to occasionally occur as early as the fourth month. The onset is usually sudden. The infant becomes fretful; disinclined to move; its lower limbs are kept drawn up and still, and any forcible movement of them gives rise to continuous crying. Later on, should the conditions giving rise to the disorder continue, an obscure swelling may perhaps be noticed on one of the lower limbs, usually on the femur towards its lower end, or on the upper end of the tibia, and a few days later, a similar swelling may appear on the corresponding limb of the opposite side. Generally the swellings are not symmetrical. The skin over them is pale, and there is no local heat or pitting. The bulk of the limb is increased, but there is no fluctuation; on the contrary, the swelling is ill-defined, and is suggestive of thickening round the shafts of the bones. The limbs are now more or less paralysed, everted and immobile, but the patellar and plantar reflexes are active.

If the disease progress, swellings of the same character may appear on other bones; on the scapulæ, bones of the arm, vetebræ, etc., and occasionally, in some cases, fractures on slight occasion may occur.

One of the more frequent, and sometimes the only swelling of the kind, as Dr. Barlow points out, occurs on the upper orbit, giving rise to sudden proptosis of the eye-ball, with puffiness, and in a few days, slight ecchymosis of the upper lid. These swellings are due to extravasation of blood under the periosteum. In severe cases, hæmorrhage may occur into the centre of the shaft, leading to extensive absorption of trabecular tissue, and predisposing to fracture. Extravasations are also met with in the superficial and deep set of muscles, but one never meets clinically with the small subcutaneous hæmorrhages of purpura. The condition of the gum is modified, as in the adult, by the presence or absence of teeth. If the teeth be present we have distinct sponginess of the gums, which in some cases may go on to fleshy swellings, even projecting from the mouth and giving rise to fetor. When only a few teeth are present the sponginess is less marked; and if there be no teeth, the gums may appear normal, or may present small bluish extravasations over the sites of the advancing teeth.

The chief constitutional symptom is the anæmia, due partly to direct cachexia, and partly to loss of blood from the extravasations. Although emaciation may not be marked, asthenia appears to be extreme. Pyrexia is only slight and often altogether absent, but occasionally an elevation of 102° F. is recorded,