

found in the bile and tissues of the liver. The former were supposed to be predisposing causes. Infection presumed to have been through the nipple.

Plantar Reflex in Infants. By J. L. MORSE (*Pediatrics*, January 1st, 1901).

In view of Babinsky's observations on the plantar reflex, a knowledge of the state of this phenomena in infants is important. Observations made by Babinsky, Cestan and LeLourd, Collier-Cohn, Kalischer, Selusler and others, varied very much. The author examined 254 cases from 1 to 24 months' of age. In 25% of the cases plantar irritation produced flexion of the toes in both feet; in 21% extension on both sides; in 5% flexion on one side and extension on the other; in 35% no reflex. Conclusion—there is no constant plantar reflex during the first year, and while during the second year the reflex approaches more the adult type, it is still inconstant. Therefore no conclusions can be drawn from the presence, absence or character of this reflex in the diagnosis of abnormal conditions.

Congenital Hypertrophic Stenosis of the Pylorus. JAS. H. NICHOLL, Glasgow (*Pediatrics*, February, 1900).

The child was five weeks old. Ever since birth in fifteen or twenty minutes after each meal it would vomit the entire contents of the stomach. This vomiting was not preceded by pain or any stomach symptoms, and after it occurred the child was comfortable until another meal was taken, when the same process was repeated. Emaciation was progressive. Ultimately through the thin abdominal walls there stood out the form of a dilated stomach, across the anterior walls of which peristaltic waves passed frequently. On operation, the pylorus was found represented by a bulky ring of muscular tissue. Loretta's operation was performed, and the infant, which was five weeks old, made a perfect recovery. The symptoms of this condition are vomiting, constipation, emaciation, and the physical signs which, however, can be made out only when the emaciation is marked. They are: 1st. Peristaltic gastric waves; 2nd. Periods of normal dilatation after a meal, alternating with periods (after vomiting) during which the organ may be felt firmly contracted like a ball; 3rd. Marked dilation of the stomach rendered more prominent by the collapsed condition of the rest of the abdomen consequent on the empty state of the bowels; 4th. Pyloric tumor felt by palpation. This, however, has been felt only in a few cases. The article deals very fully with the whole question.