mouth to stomach, for the purpose of feeding. The external wound should not be closed but drained by a soft rubber tube. The opening into the œsophagus should, however, be stitched up.

The author believes "pressure pouches" to be due to congenital predisposition, and acquired upon that predisposition.

PEDIATRICS.

IN CHARGE OF ALLEN BAINES AND W. J. GREIG.

Pathology and Treatment of Chorea. By D. B. LEES (British Medical Association, Section of Pediatrics).

Pathology.—The writer believes that in the majority of cases chorea is rheumatic in origin. His belief is based on the clinical association of the two diseases, and also on the fact that the same bacillus has been found in each.

There appears to be a disorder of the whole brain, possibly of the nervous system in general, yet the disorder is not a distinctive one, and usually ends in recovery. The pathologic changes, if organic, are slight, and it seems probable that they are largely toxemic. But there is something more than toxemia, slight though this something may be. A recent investigation of two fatal cases of chorea by Dr. Reichardt resulted in finding small hemorrhages irregularly scattered, with collections of leucocytes, chiefly mononuclear and dilatation of vessels with perivascular small, celled infiltration in many parts of the brain, also areas of fatty degeneration of nerve fibres. The root fibres and the anterior and lateral horns and the posterior columns of the spinal cord were affected. Cultures from the cerebro-spinal fluid were sterile, but staphylococcus aureus was found in the heart blood. In the second case streptococci were found in the cardiac valves, and a few colonies of staphylococcus albus were obtained from the brain.

Are we to say that chorea is cerebral rheumatism? Yes, if we add the clause, in the great majority of cases. It is possible that other microbes with their toxins may affect the cortical cells as well as the rheumatic diplococcus. It is quite possible also, that sudden fright may so affect the nutrition of the cortical cells in a similar way to the rheumatic diplococcus. The writer claims that every case of chorea, however mild, should be looked on as of rheumatic origin. The difficulty is to prove the presence of rheumatism.

Treatment.—Based on the above belief of the pathology, sodium salicylate and an alkali should be given freely. For a