

PEDIATRICS.

IN CHARGE OF ALLEN BAINES, W. J. GREIG, AND W. B. THISTLE.

Pathology of Acute Chorea.

H. Campbell Thompson (*Clin. Journal*, September 13th, 1899) reports a pathological examination of a case of acute chorea of eighteen days' duration. The movements had begun in the arms, but in two weeks had affected the whole body, being so violent as to be relieved only by chloroform and to make it almost impossible for the patient to take food. The day before death obstinate vomiting set in; the patient became exhausted and her movements less violent, the temperature rose to 104° and death followed.

Post-mortem showed hyperemia of brain and cord and a few minute hemorrhages into the white matter of the brain; the heart showed a recent acute inflammation of the endocardium. Cultures from the inflamed valve, bacteriological examination of the valve and attempts to obtain micro-organisms from the blood were all negative.

Importance of Prolonged Rest in Bed after Acute Cardiac Inflammations in Children.

Emmett Holt (*Archives*, December, 1899). Three reasons why cardiac inflammations are likely to be especially serious in children: 1. The frequency with which both the endo- and the peri-cardium are involved. 2. The great tendency to acute dilatation. 3. The liability of these attacks to be complicated by pneumonia.

The cardiac muscle in children has by no means the resistance which it attains in later life, and therefore dilatation comes on more readily and progresses more rapidly. This must be the chief consideration in the treatment of acute attacks, both during the period of acute inflammation and for a considerable period afterwards. To minimize the injurious effects we must secure as nearly absolute rest as possible, not only at the time, but for two or three months after. He then gives the history of three cases. In two of them both the endo- and the peri-cardium were affected, both were complicated with pneumonia, and both were nearly fatal in the acute stage. Prolonged rest was insisted on and several years after their hearts were in very good condition. The third case illustrates the usual sequel of events where children are allowed to be up and around after the acute symptoms have subsided. Death occurred seven months after the initial attack from progressive cardiac failure.