

THE DIFFERENTIAL DIAGNOSIS OF INFANTILE SCURVY.—Dr. J. H. Fruitnight (*Archives of Pediatrics*) summarizes our knowledge of scorbutus as follows: It is the result of a faulty nutrition which leads to a deviation from the normal chemical composition of the blood, probably a deficiency of its alkalinity. The disease is characterized by a blood dyscrasia accompanied by structural changes in the coats of the blood-vessel. The bone and joint-lesions, the spongy condition of the gums, and the petechiæ constitute a triad of symptoms highly pathognomonic of the disease. One or both of the two last-named symptoms may be lacking. The order of development of the symptoms seems to be: First appear the tenderness and swellings of the lower extremity, then the sponginess

of the gums, and finally the hæmorrhagic extravasations. Under the treatment these symptoms begin to improve in the same order of sequence, the epiphyseal lesions disappearing more rapidly than the other two. If there be any doubt of the diagnosis of a given case, recourse should be had to the therapeutic test of an antiscorbutic regimen, which will by its results, in a comparatively short space of time, determine the question beyond cavil. The prognosis is nearly uniformly favorable under proper treatment, and the likelihood is that as physicians become more familiar with and competent*in diagnosticating the disease, its mortality will be reduced to *nil*. The main principle involved in the treatment of infantile scurvy is comprised in the institution of antiscorbutic dietetic measures

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