

showed some emaciation, and I was told that the child was fed whenever it cried instead of every two hours as directed.

Regular feeding with white of egg in water soon regulated the bowels and under a strict two hour regime she began to pick up, and by the twenty-fourth day seemed better than ever before.

Unfortunately, on the twenty-sixth day the one who had been devoting all her time to the child had to leave, and she was left in the hands of those unaccustomed to the work.

I was once more called in on the thirty-first day, only to see that the child was dying. It was very pale and cold with sighing respirations through the open mouth, and heart beat barely perceptible. It died in three hours, on January 21st.

A post mortem was not allowed further than a digital and instrumental examination of the posterior nares. This confirmed the original diagnosis, though whether the occlusion was of bone or membrane I could not discover. Inanition was doubtless the primary cause of death.

Prof. W. Kümmel states that about forty cases of congenital closure of the posterior nares have been observed. In the typical forms the membrane lies just in front of the margin of the posterior nares, the latter being perfectly normal in other respects. In atypical forms there are extensive adhesions covering a wide area, which frequently involve the naso-pharynx also. Further, Hoag seeks to explain this malformation by a persistence of the bucconasal membrane, which during fetal life shuts off the posterior nares.

Kümmel also says that bony closure would hardly be expected at an early age, and thinks that operation should be postponed until later, nourishment being supplied by spoon or stomach tube.

A Case of Dermatitis Exfoliativa Neonatorum (Ritter's Disease).

On December 18th, 1907, I was called to attend Mme. R. in her third confinement. The labour was completed without any complication and was comparatively easy, the child being in the L.O.A. position and not very large.

The child was healthy and at full term, notwithstanding the fact that I had been called in on May 12th for a threatened abortion.

The mother had been anæmic since her last child was born (August 19th, 1906), and was never very robust, although not complaining of any definite trouble. She had never nursed any of her children, yet they were all healthy and well grown. There was no history or evidence of syphilis.

The baby weighed 7¾ lbs. and was normal in every respect. It was washed with olive oil, castile soap and soft water, and the cord was