

## EPITOME OF CURRENT MEDICAL LITERATURE.

## MEDICINE.

**Indurative Mediastino-Pericarditis in an Infant**, North-Eastern Hospital for Children: under the care of Dr. J. H. Sequeira. Notes by Dr. Blumfield (*Lancet*, Dec. 31, p. 1765.)—The following case is an excellent example of a rare condition which has received but scanty recognition. The first case seems to have been described in 1854 by Griesinger, and up to the present about 25 cases have been recorded. Their etiology is uncertain, though it is not improbable that many are associated with tubercle. It is possible also that some originate from a septic mediastinitis.

A male infant, aged 15 months, was admitted October 1st, 1896. In August there had been bronchitis and in September swelling of the face and legs. The case was sent to hospital as one of meningitis owing to a peculiarity in the child's cry. The infant was pale but otherwise apparently healthy; he cried constantly unless he was nursed but he did not appear to be in pain. The temperature was 99° F., the pulse was 80, regular, and of fair size, and the respirations 20. The tongue was clean.

The area of cardiac dulness was enlarged upward reaching to the upper border of the second left intercostal space; it extended also beyond the middle line of the sternum except over the manubrium. The heart sounds were normal. The feet and legs felt cold and pitted slightly on pressure. There was no albuminuria. The infant took his food and slept well. He usually sat up, while sleeping he lay on his back.

The condition remained unchanged, except that on some days there was blueness of the lips and ears, until November 3. There was then an obvious amount of fluid in the abdomen, the arms and legs were cold and blue, and the legs were considerably cedematous. Distention of the veins of the neck was noticed. On the 10th the edge of the liver was palpable 2½ inches below the costal arch, and on the 23rd there was extreme ascites with much cedema of the abdominal wall. The urine contained phosphates and about ½ albumin. On the 30th there was much diarrhoea, and on December 2 the infant died with all the symptoms of cardiac dilatation.

The necropsy showed the mediastinal tissues greatly thickened and adherent. The anterior mediastinal glands were enlarged and presented foci of caseation. The left lung was adherent to the chest wall at the apex and over the posterior surface of the lower lobe was some thickened and adherent pleura. The pericardium was about three-quarters of an inch thick, fibrous, and adherent everywhere to the heart, and the fibrous tissue spread upwards around the great vessels. Firm adhesions united the pericardium with the thickened anterior and posterior mediastinal tissues. The left pleura was adherent to, but separable from the pericardium. Both ventricles were dilated and hypertrophied. There was no