

reported two similar cases, one a child of twelve, the other a man of twenty-three. It was impossible to state the exact condition of the appendix, as the four cases recovered without operation, but the clinical symptoms were typical of appendicitis. As to the results of the irritation of oxyuris, great difference of opinion appears to exist. Holt states that he has seen at least one case of chorea in which they were almost certainly the cause, and that they have been known to cause convulsions. It is the experience of many of us that after the intestinal canal is cleared of the worms the child's nutrition is improved, and neuroses lessened.

From the foregoing, it may not be an unwarranted stretch of deduction to recommend removal of the appendix in cases of oxyuris that have resisted medical treatment. When we consider the operative mortality, which is practically *nil*, the inch and a quarter incision, and the ten days' confinement, which is the rule in the majority of the writer's interim cases of appendectomy, and upon the other hand, consider the local irritation, the sepsis, and the disorder of the digestive functions, neuroses, and the possibility of appendicitis with abscess, we must admit that the consideration of the removal of the appendix in resistant cases of oxyuris vermicularis is within the bounds of legitimate therapeutics.

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REFLEX CONVULSIONS IN GROWING BOYS AND GIRLS.—Eustace Smith, M.D. (*The Lancet*, London, January 24th, 1903). The author questions the diagnosis of epilepsy in the case of convulsions of children after infancy, grounding his doubts on the fact that digestive disorders or other local disturbance will cause convulsions which cease on removal of the cause. He cites a number of cases and emphasizes the danger to the nervous system of any long continued irritation. The presence of that common symptom, habitual cold feet, may thwart the best efforts to treat a chronic complaint in children. Indirectly it affects the nutrition and tends to heighten the susceptibility to chills, thus aggravating any weakness or injurious tendency. It is probable that those cases in which attacks recur after treatment are really not cases of reflex convulsion, even at first, but the intellect is not affected, as a rule. In those cases in which convulsions are caused by indigestion a removal of the cause will be followed by complete cessation of the trouble, and with proper treatment health will be restored. Many cases have been observed by him which warrant his assertion that young persons who, as late as twelve years of age, have suffered from these seizures, may grow into perfect adults, showing no further symptoms of the weakness of their childhood.—*Pediatrics*.