

Florence H., five, was seen January 22, 1894. She had had a vaginal discharge for a week, and the external genitals were considerably inflamed and excoriated. No pain on micturition. She was an only child, and slept with her parents. After some difficulty it was ascertained that her father was then under treatment for gonorrhœa. The mother denied infection.

Gladys B., five and three-quarter years, came under observation March 10th. She had had a very profuse discharge from vulva, much pain in micturition and pain in back for ten days. Her general health had also somewhat deteriorated. External genitals were very much inflamed and excoriated. Under treatment the urinary symptoms ceased in a fortnight and the external irritation in a month. The discharge did not entirely cease, however, until three weeks later. Two young men boarders, who used the same bath-room and sometimes the same towel, on being questioned, refused to answer, and left the house. The child denied that she had been tampered with.

Antoinette H., two, began to have a purulent discharge about the middle of March, with much pain on micturition. When first seen, a month later, the discharge had almost ceased, but micturition was still very painful, the urine often being retained eighteen or twenty hours on this account. The external genitals were considerably inflamed, although the discharge was almost nil. No clue to the origin of this case could be obtained.

Alice R., five, was brought to the nursery on May 9th. She began to have a bloody, purulent discharge about the middle of February, the blood ceasing in a month. There was a moderate vaginal discharge at the time of examination, but the external genitals were but little inflamed. Micturition had been painful during the first month. Her general health had suffered somewhat. The probable source of infection in this instance was an older sister with whom she slept.

Irene M., two and three-quarters, complained of pain on micturition on May 7th. On examination her mother found that she was a little "chafed." The next morning she noticed a greenish discharge. The child complained of a great deal of pain about genitals and in lower abdomen. When seen, May 11th, the genitals were very much inflamed and there was a profuse creamy discharge. Pain on micturition and external irritation were subdued in ten days, the discharge ceasing in about three weeks. No source of infection, at home or abroad, could be discovered in this instance.

The occurrence of so many cases in so short a time goes to show that gonorrhœa is certainly not uncommon in children, and the fact that no non-specific cases were met with would seem to prove that vulvo-vaginitis in

children is in the great majority of cases of gonorrhœal origin. They also show the difficulty or even impossibility of obtaining a history of the infection in many cases, and hence the importance of bacteriological examination of the discharge in every case. In this way alone can a positive diagnosis be made. It is to be noted also that the urethra was usually involved and that the subjective symptoms were largely due to this. The external irritation was not, as a rule, very marked, and was easily controlled. The vaginal inflammation, however, was only overcome after some time and trouble, but gave rise to no symptoms other than the continuance of a slight discharge.

—*Archives of Pediatrics.*

IN DERMATOLOGY.

By M. B. HARTZELL, M.D.,

Instructor in Dermatology in the Medical Department of the University of Pennsylvania, Philadelphia.

Case XXV.—*Erythema Multiforme.*

Marie E., thirteen years of age, presented herself at the Skin Dispensary of the University Hospital with an eruption consisting of shot to pea-sized, bright-red papules, for the most part discrete but in a few places confluent, situated upon the extensor surfaces of the wrists and forearms and upon the backs of the hands. The eruption was attended by slight itching, and had appeared three days before the patient's visit to the Dispensary. A saturated solution of boric acid was ordered to be applied several times a day for the relief of the mild pruritus; no internal treatment was considered necessary. Upon the patient's return three days later the eruption was much paler, and within a week had completely disappeared. Eighteen months later the patient again presented herself with a new attack, which differed in no respect from the first one.

In most cases of multiform erythema active treatment is not necessary, since there are few or no subjective symptoms, and the eruption disappears spontaneously in one to three weeks.

The disease is one readily recognized, but might be mistaken by the inexperienced for papular eczema; it differs, however, from this affection by the bright-red color of the lesions, their larger size, and the absence of severe itching.

Case XXVI.—*Ring-worm of the Scalp.*

E. C., a boy aged five, was brought to me for advice concerning a disease of the scalp characterized by the presence of numerous dime to dollar-sized, circular patches partially devoid of hair, and covered with fine grayish scales. While the greater number of these patches were pale, a few of the larger ones were red, and dotted here and there with small pustules. Upon close inspection numerous