

Epistaxis is often present, although exact statistics are wanting.

The course of the disease is distinctly shorter in the young, and the average duration is about seventeen days.

Diarrhea is much less frequently present in the child, while on the other hand, vomiting—rare in the adult—is of common occurrence, not only as an initial phenomenon, but throughout the disease, and it has even been seen as a terminal symptom in cases ending fatally. Tympanites and hemorrhage are of rare occurrence in the child, and the same may be said of perforation. The nervous phenomena are not marked in childhood.

Finally, as a point of great practical significance, it should be stated that the onset of typhoid in the child may simulate meningitis, to a more characteristic extent than in the adult.—*Archives of Pediatrics.*

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#### A CASE OF DOUBLE BIRTH PALSY.

Dr. J. F. Terriberly (*New York Academy of Medicine*, May, 9th, 1901) presented a case of this kind. He said that injury to the brachial plexus gives rise to various forms of palsies. Duchenne had been the first to call attention to birth palsy, or, as he called it, to obstetrical paralysis. Conditions which interfere with the delivery of the shoulders predispose to birth palsy, the immediate cause often being the use of the finger or hook in the axilla. Compression of the plexus by the umbilical cord had been mentioned by some writers, but his own belief was that it could only act indirectly by delaying delivery. In the Duchenne type, the one generally found, the arms fall by the side in complete extension. The movements of the fingers are usually perfect, and there is little or no disturbance of sensation. The most severe cases were met with in connection with vertex presentations. The electrical reactions varied with the degree of the palsy and could not be satisfactorily determined until the infant was a month or six weeks old. The injury varied from a slight contusion to complete division of the nerve. Birth palsy might be distinguished from cerebral palsy due to hemorrhage on the surface of the brain by the presence of convulsions, the spastic state of the limbs, particularly on motion, the exaggeration of the tendon reflexes and the absence of sensory symptoms. It was often stated that recovery is complete, but this had not been his experience; on the contrary, while he had ordinarily observed marked improvement he had never seen complete restoration to the normal. If reaction were obtained with the faradic current