NORTHRUP (W. P.)

SCORBUTUS IN INFANTS—AMERICAN CASES.

(ILLUSTRATED.)

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SCORBUTUS IN INFANTS; AMERICAN CASES.*

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BY WILLIAM P. NORTHRUP, M.D.,

Pathologist to the New York Foundling Hospital.

THE object of this paper is to present some cases of infantile scurvy occurring in this country, and to intimate something regarding their frequency of occurrence. As to the essential nature of the disease there is no positive recent contribution to literature, nor has the writer anything new to offer. After the valuable papers on scurvy in children to be found in *Keating's Cyclopædia*, and in that most admirable book of Eustace Smith's, there remains nothing to say until some investigator shall announce the long hidden secret of the essential causative factor which gives rise to the lesions which we, by common consent, denominate scurvy—be it in infants or adults.

The first case reported in this paper is so typical in lesion, course and symptomatology; in its ætiology so suggestive and in its treatment so successful; in short, so typical and instructive is the case, that it has seemed best to the writer to set it forth in detail, with the statement that it illustrates nearly every point mentioned in the two articles referred to above. As these volumes are probably in the library of every member of this section, it is

*Read before the American Pediatric Society, Washington, D. C., Sept. 24, 1891.

useless to duplicate words. If it shall appear that scurvy in children is not of frequent occurrence, there is yet a certain advantage in considering such cases, especially if they are liable to spring up in the path of the general practitioner at any turning.*

CASE I.—*Typical; scurvy occurring in rich surroundings; recovery; patient aged sixteen months.* In the midst of a pouring rain on a Sunday morning, a carriage drew up to the curb, the bell gave two quick jumps and in a few minutes a man was marching up and down the office floor. The cause of his nervousness was quickly announced. His second child, an infant, had rheumatism and had become no better during the fortnight's sojourn of himself and wife in a neighboring capital. The child in their absence had been in the care of an old nurse, so gifted in the art of nursing and, I may add, in self-conceit. On his return home the previous evening, the infant was not well. It was not very sick, so he thought, when he went away, and by this time he supposed it would have entirely recovered—instead, it was worse. He sent for the doctor and, in his anxiety, desired an immediate consultation. His family physician was among the ablest practitioners in New York; he had not been called to the child within a week; had not been informed by the nurse, if indeed he had not been misled by her. The history of many cases can be written backwards better than consecutively, and the present one is of this character. Suffice it to say, in preface, the diagnosis was rheumatism and the treat-

**Scurvy*, by Thos. Barlow. Cyclopædia of the Diseases of Children, Keating, vol. ii., page 277.

CONCLUSIONS—(CHARACTERISTICS.)

"(1). Predominance of lower-limb affection; (*a*) immobility; (*b*) excessive tenderness; (*c*) general swelling of lower limbs; (*d*) skin shiny and tense but seldom pitting and not characterized by undue local heat; (*e*) on subsidence, revealing a deep thickening of the shafts; (*f*) liability to fracture near epiphyses.

"(2) Swelling of the gums, varying from definite sponginess down to a vanishing point of minute transient ecchymosis. . . . .

But to them must be added as:

"(3). The most diagnostic of all, definite and rapid amelioration by antiscorbutic regimen."

ment had embraced salicylic acid and tincture of iron, without success.

At the time of the consultation the father and mother of the little patient were present; both were within the thirties, healthy and vigorous, the father looking like a hardy yachtsman. The family history on both sides was good. The family were luxuriantly housed in the most hygienic surroundings of up-town New York. In short, the infant, whose history we are going to consider, who was suffering from malnutrition, from "insufficient and poor food," to quote words so often used in connection with children's diseases, was the offspring of wedded representatives of two rich and powerful families in the fashionable and political world of the great metropolis. There was no lack of love and devotion on the part of parents or grandparents. The lack was in wisdom and judgment, the abundance, the nurse's self-esteem and ignorance; these allowed the present case and history to continue on to full accomplishment.

The child at this time was sixteen months old; was the second born; a female; thriving very well in the early months of life; at the fourth month the mother's milk failed to be of sufficient quantity and quickly, thereafter, ceased altogether. The first born is still living and robust; the mother's milk had after a few months been insufficient for it, but the child continued to thrive. After the failure of the mother's milk, in our patient's case, one of the proprietary foods was given her. By some misunderstanding this food was diluted with water and milk, the proportion of the latter being too small. For a time the child thrived very well, apparently, though it was rather backward about walking and talking. Its digestion was good, its bowels reasonably satisfactory and it seemed satisfied with its food. It never gave any evidence of rickets; teeth in usual quantity made their appearance at the usual time.

Three weeks before the visit spoken of (this fact was subsequently elicited after questioning both parties) the nurse had noticed some *change in the child's gums*,

After reflecting a week upon this she called the attention of the mother to the same. The change was not marked. While on a visit to another patient in the household, the doctor's attention was called to the child as he was hurrying out to his carriage. The baby was reported as not quite well and nothing was said concerning the gums. He hastily looked her over, learned of the misadventure with the proprietary food, added the requisite amount of milk to bring it up to the prescribed standard, ordered beef-broth, iron peptonate, and was gone.

One week later than this, the patient developed *trouble in the right lower limb*, evidenced by worrying, sensitiveness on handling and tendency to keep the limb nearly straight. Anti-rheumatic remedies were prescribed. There seemed no reason why the case should not speedily come out of its condition of slight depression, now that the food was improved and treatment instituted.

During the succeeding week very little is known concerning the child; the parents were absent from home; the family physician was not called; the nurse drew no conclusions from the, now rapidly-changing gums, and as to the rheumatism, the progress was slow. It is not difficult for physicians to understand how this infant, once started on its career of malnutrition, could even in the house of luxury, under these circumstances, develop ripe symptoms. At this juncture the parents returned home to find the rheumatism worse, instead of cured, and a hasty muster of physicians was the result.

The child cried on seeing a strange face, becoming alarmed also for the safety of its lame leg. In the wry face of crying, the little patient fairly *unbuttoned* from between its lips two rows of irregularly nodulated, purplish gums, from the summits of which the points of its teeth fairly protruded. *In the upper spongy row was a depression with ulcerated walls and sloughing shreds. The gums were dark and bled freely* in the act of crying, from compression of the lips alone. There was nothing further abnormal about the face beyond a worried expression; no ecchymoses; no

petechiæ; conjunctivæ were normal; no evidence of unhealthly condition of the mucous membrane of the nose. There was no history of nose-bleeding, no hæmaturia, no hæmorrages from the bowels. The child was now stripped of all clothing and laid on its back on the bed. It continued to whimper, throw its arms about freely, draw up its left leg; as for its right, it could move it slowly, but only a little, and could not be induced to flex it. The *right thigh was somewhat larger than the left*, to observation; by measurement it showed a difference of about two and a half inches, which, considering the thin thighs of the small patient, augured a marked difference. The enlargement was fusiform, greatest just above the knee. Apart from the *spongy gums and swollen thigh* there were no external manifestations.

The diagnosis of this case is scorbutus; what confirmation of this diagnosis can be offered? The answer is, the success in treatment.

The child was removed at once to the country, its proprietary mixture was stopped and in its place were given fresh cow's milk, expressed juice of beef, baked potatoes, also citrate of iron with excess of citric acid. The one thing which this scurvy case seemed to crave, for which it reached out, which it seized with ravenous avidity, was *orange*. The child could hardly be restrained till it held the fruit in its grasp; and then proceeded to souse its lips and nose in the juice. Improvement began at once; in five days its gums were markedly better, in ten entirely normal. As for its thigh, at the end of ten days the improvement was marked both in sensitiveness and size, and a month later the child was standing on its feet. A slight thickening over the femur could be detected for a few days, at the end of which time, the patient seemed absolutely well. "Now," to quote the words of the latest report, "she would strike you as a child small for her age simply, nothing having ever been the matter with her."

Several points may be learned by reading between the lines in this case. As Dr. Charles McBurney once

very aptly said, speaking of the value of original investigation: "There is also great value in *re*-search." At least we may argue, that in cases of spongy gums and pains in the knees it is well to consider the diagnosis of scurvy. A certain amount of sinister interest attaches to the fact that this child was vaccinated a month before the first symptoms appeared, and all medical men connected with the case were catechised as to the near or remote possibility of its causal relation to the lesion of the gums and thighs. It was, by the way, vaccinated on the leg. Needless to add, its course was perfectly typical for an effective inoculation and was followed by speedy healing.

To entirely complete the disease-picture given us by the English authorities, nothing is required but the post-mortem findings, which the following cases furnish.

CASE II.—*Fatal scurvy in a child of eighteen months; Autopsy.**

This child was an inmate of the New York Foundling Hospital and was what is called a "nurse-baby," that is, she was nursed by a mother who, in addition to her own baby, nursed a second of about equal age. Her own child thrived; the second furnishes this example of malnutrition and the pathological specimen which is here shown. The nurse was said to be very fond of the child and "took on" when it sickened and died. Since we are considering a case of scurvy developing in a breast-fed (*sic*) child it is well to bear in mind the above facts and the added fact that nearly all babies nursing two at one woman require to be fed more or less. We are justified in forming our own conclusions as to which was fed more and which less; we know which baby was hers and which was not, which thrived and which developed fatal scurvy; we also have our notions of the tendencies of maternal instincts. However, the history must be recorded as

* Reported in Proceedings of the N. Y. Pathological Society, 1889, pp. 66–67.

those in charge of the case furnish it, and it reads, "the child was wet-nursed the first sixteen months of its life."

Briefly the history of the illness was as follows: This female child when sixteen months old was observed to be failing, and as the history reads, "on account of impaired nutrition was taken from the breast and was given vegetable acids." In the seventeenth month of life, which was one month before death, the right leg and knee became swollen and tender. Temperature was 101° F. After two days the symptoms seemed temporarily to disappear. Two weeks before death and six weeks since the weaning, the child appeared to be very sick, her gums were swollen, smoky-black and bled freely; two days later her left eyelid became swollen, black, having the appearance of the classical "black eye." Temperature thus far continued about 101° F. One week later there developed the physical and rational signs of pneumonia. At this time her other eyelid became ecchymotic and the other thigh markedly swollen.

During the remaining days of life the small patient became excessively anæmic, having a metallic pallor, which gave a particularly wretched appearance with the contrasting ecchymoses about the eyes. Her passages were black and pasty; no petechiæ; the child failed rapidly and died with pronounced symptoms of pneumonia.

Autopsy.—The main interest lies in the condition of the legs. As regards the organs, it is sufficient to say there were no hæmorrhages; extensive pleuro-pneumonia of left side. Left thigh symmetrically enlarged, larger than the right, though both were obviously above normal in size. Left femur was, at its upper extremity, normal, epiphysis and end of shaft. The lower half was invested about with a black grumous subperiosteal layer of blood having a thickness of two to three millimeters. The lower epiphysis was detached, the lower end of the shaft macerated, eroded and soft, lying loose in the

black disintegrating blood-clot. The femur of the companion leg was surrounded for its lower two-thirds by a thinner, black, subperiosteal blood-layer—(See illustration).

The lower epiphysis was not detached though both it and the shaft were congested. No hæmorrhage into any joints. The right and left tibiæ were surrounded by a thin, dark hæmorrhagic layer beneath the periosteum and the proximal portions of both were congested. The fibulæ, likewise the bones of the upper extremities, were normal.

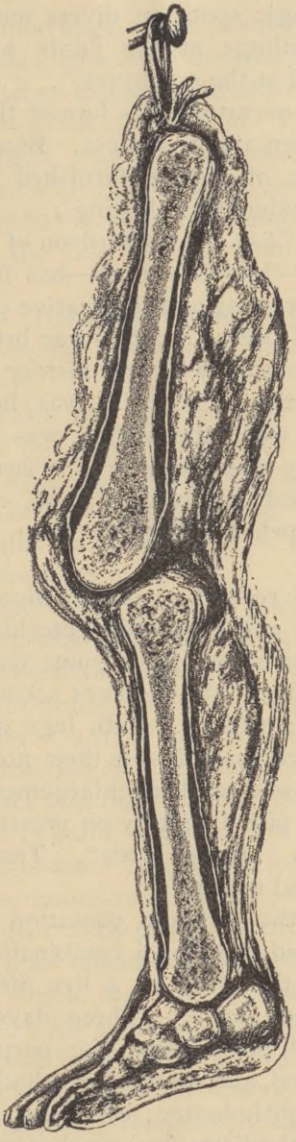
The accompanying illustration is drawn from a specimen which consists of a lateral half of the lower limb of the side less affected.

Microscopical examination of the bone disclosed no syphilitic or rhachitic changes, and no inflammatory changes in bone or periosteum. The softened, macerated bone gave no evidence of suppuration; moderate congestion of the fellow femur and the upper extremities of the tibæ.

CASE III.—Dr. Richard Van Santvoord has reported* the autopsy of a helpless idiot, six years of age, in whom extensive hæmorrhage, with separation of both upper epiphyses, had occurred under the periosteum of the upper halves of both humeri. This hæmorrhage was apparently the immediate cause of death. The case was regarded by him at the time as probably traumatic. Reports that he had subsequently seen of extensive subperiosteal hæmorrhage, with epiphyseal separation, had been regarded by their recorders as scorbutic. He had become convinced that his own case belonged under that heading. Gums were not mentioned as being involved.

CASE IV.—Dr. August Caillé contributes for use in this paper, an *autopsy* record of a typical case of scurvy—autopsy by himself. He says:—"In addition to the external appearances there were subcutaneous effusions of

*Ibid.



[Drawn from Specimen by H. McDONALD, M.D.]

Specimen from a case of Infantile Scurvy, showing subperitoneal hæmorrhage about femur and tibia of the side less affected.

blood, hæmorrhagic spots on divers mucous and serous membranes, swellings at the joints and subperiosteal effusions of blood at the epiphyses."

The three last narrated cases furnish the only autopsies the writer has been able to collect. Bearing in mind the complete picture of disease furnished by the previous cases, let us consider the following ;

CASE V.—Dr. Chas. H. Richardson of the North Eastern Dispensary—children's class—has furnished the following most interesting and illustrative case.

Anne K., aged twelve months, was brought to the dispensary by its mother with the history of "failing" for nearly two months. The child was healthy for some time after birth, when the mother was obliged to work, and of necessity the baby was "farmed out." She reported the food as having been condensed milk, adding the somewhat ambiguous item, "and what was going."

The child had recently vomited blood, passed blood from the bowels and presented petechial spots of subcutaneous hæmorrhage. The gums were slightly softened and according to the mother's account the inside of the mouth had been black. Both legs were enlarged to considerably more than double their normal size. Epiphyseal ends showed marked enlargement. Limbs very tender, hard and pitted slightly on pressure."

"Head sweats. Temp., 100⅘°. Tendency to spinal curvature in dorsal region."

To continue the verbatim quotation of the doctor's letter :—"I considered this a combination of scurvy and rickets and put the child on a live diet of fresh milk, orange and lemon juice." Three days from the first observations and prescription the purpuric spots had mostly disappeared, and no new ones had occurred. The child seemed slightly better ; there was no vomiting, yet the condition of the limbs was unchanged and the temperature continued slightly elevated as before.

The following paragraph gives the case an added interest and accuracy : "The swelling of the limb being due to

subperiosteal hæmorrhage, added to subcutaneous œdema, I wished to see the character of the effusion next the bone. I thereupon passed an aspirating needle down to the femur and drew off some of the effused fluid. It consisted apparently of pure blood, which microscopically showed the red globules, somewhat ragged and disintegrated, and the white ones somewhat increased in number."

At this point the case escaped from observation and the history ends.

CASE VI.—Dr. Hermann Goldenberg, at his class in the Mt. Sinai Hospital Dispensary, observed the following case of scurvy:

A boy, two years old, was brought in by his father, who stated that the patient had been well up to a few days previous, when he noticed red spots over all his body, swelling of the legs, bleeding from the mouth, bowels, nose; also hæmaturia. The food of the child consisted exclusively of milk.

The family history was good; a number of older children were strong and healthy; no malaria; no syphilis. To quote Dr. Goldenberg literally:—"I found a hæmorrhagic eruption in nodes, spots and large patches, up to the size of a palm of a hand, on face, trunk and extremities. The hæmorrhagic character was clearly demonstrated by the fact that the redness remained on pressure, and the changes in color, within a few days. The gums had the characteristic color and form, as in scurvy. There were gangrenous spots in pharynx and on tonsils, swelling of the feet and legs and of the scrotum, through extravasations into subcutaneous tissue. Fœtor of the mouth; urine which the father brought was bloody; general malaise. No signs of rickets." Dr. Goldenberg presented this case before the Mt. Sinai Alumni Association as a characteristic case of scurvy. It was accepted as such. One member temporarily dissented, preferring to call it hæmorrhagic urticaria. The patient was on the following day sent to Dr. Jacobi, who confirmed the diagnosis and pronounced the case scorbutus. Lemon juice, fresh vegetables, potassium chlorate, internally and

as gargle, were ordered and within a few days the child was well.

CASE VII.—The following case was narrated to the writer by the physician to the child, whose case was first narrated. The patient was a boy sixteen months old; the fifth child of a father, of high rank in the army, having a physique which the doctor fittingly typified as by the word "bull"; the mother was a delicate woman; its four or five brothers and sisters were all delicate. The child was well housed and cared for, or to use the words of the narrator, "over-cared for"; was wetnursed for a few days only. Thereafter, it was fed on a proprietary food. Up to the sixteenth month of life it seemed to be well nourished and attain good development. At last, its gums became spongy, then its right ankle became swollen, discolored, bluish, tender, fluctuating. This patient was seen by an able consultant, an honored member of this society, and pronounced rickets—probably meaning *acute rickets*.

On a treatment of lime, muriatic acid and tincture of iron the child slowly and gradually recovered. The symptoms in this case were spongy gums and hæmorrhages about one ankle. No mention is made of petechiæ.

CASE VIII.—Dr. Delafield furnishes the following interesting case. In the month of June, a child about three years old, suffering from obstinate diarrhœa, was brought to him for consultation. He prescribed an exclusive meat diet and advised the parents to take it at once into the country. They did as directed, and the child speedily recovered. So pleased were the parents with the prompt effect of the diet in the pronounced improvement of the patient that they believed they had learned a valuable secret for securing the continued health of the child.

They, without hesitation, settled down to a rigid *regime* of exclusive meat food. This they followed conscientiously for two or three months. In the last of September, the condition of the child induced them to return to town and again consult Dr. Delafield. This time the pa-

tient presented a characteristic case of scorbutus. To use the words of the narrator: "The diagnosis was perfectly clear; had characteristic signs of scurvy." On a rational diet all symptoms quickly disappeared and the child became quite well.

CASE IX.—A letter from Dr. L. Emmett Holt gives the following: "Some points regarding a scorbutus case; the first symptoms appeared in the latter part of April, the infant being at that time eleven months old, and having had all the symptoms of extreme marasmus for several months. From the latter part of February she had been upon an exclusive diet of a proprietary food. There was first noticed a swelling of left knee resembling in general appearance that due to articular ostitis; a week or more later the gums were spongy, purplish, and slight hæmorrhages occurred from time to time. The swelling about the knee increased steadily during the next six weeks until it was fully four inches in diameter; the swelling extended up to the middle of the thigh; there was extreme tenderness and later a slight purplish discoloration of the skin. Exploratory puncture gave blood only. The child died on June 23d. The above symptoms continued together with those of extreme anæmia and exhaustion; there was a slight fever for the last two months; at no time was there any ecchymoses beneath the skin. At the autopsy the swelling of the limb was found to be due to subperiosteal hæmorrhages, the bone being surrounded by a mass of old blood-clots; the periosteum was extensively stripped up; there was complete separation of the lower epiphysis of the femur.

CASE X.—Dr. W. F. Lockwood, of Baltimore, furnishes the following: we quote the letter in full, verbatim.

"Aug. 12th.—Mrs. W——, whose family had been in the country during the warm weather, asked me to visit her child, thirteen months old. She stated that it had been ailing for some weeks with diarrhœa varying in severity, but never entirely relieved. Of late she had thought the child suffered pain in its lower limbs, that it screamed in an unusual way at night, especially when moved or

touched, and that there was increased fretfulness during the day. She referred also to some spots 'like old bruises' on its legs below the knees, more marked on the right.

"It had been nursed until six months old, after which time it had taken almost exclusively a proprietary food.

"Examination showed the child fairly well nourished, rather anæmic, complexion sallow. No evidence of rickets, no swelling along shaft, or enlargement at ends of bones. Ill defined ecchymotic spot on left leg, but plainer on the right. The right leg semi-flexed and everted. No tenderness manifested on gentle manipulation of body or limbs. Gums showed dusky purplish fold at root of each tooth. They had bled occasionally for some weeks and the stool had pretty constantly been streaked with blood. Pulse and temperature were normal.

The diagnosis was made of scorbutus and directions were given to change the diet to fresh milk undiluted, potato and orange or peach juice. A few days after my visit the mother reported the child improved in every way. The diarrhœa had stopped and there was no screaming or restlessness at night. A second visit was not required and the improvement, I have heard, has continued."

CASE XI.—Dr. G. H. Whitcomb, of Greenwich, N. Y., has, since the writing of this paper, published a most illustrative case [*Archives of Pediatrics*, Oct. 1891, p. 760, of *Artificial Baby Food and Scorbutus*.] The child was eleven months old; after fifth month was fed exclusively on artificial food, during which time it grew very fat, "seemed to thrive famously." "When a little over ten months old she became petulant, and evinced a disinclination to move or be handled. The legs were partially flexed and remained rigid. Any attempt to straighten them elicited screams. The gums were spongy and bled frequently; muscular pains were so severe as to deprive the child of rest." "The physician at that time in charge diagnosticated and treated rheumatism. . . . After ten days the family went to Rome, . . . where the diagnosis of rheu-

matism was approved and alkaline treatment pursued for two weeks, after which they came to Greenwich."

In Dr. Whitcomb's graphic account occur such expressions as the following : " screamed when handled . . . limbs resembled Bologna sausages . . . gums were spongy, ecchymotic blebs discharging sero-sanguinolent fluid . . . seven teeth . . . *no evidence of rachitis.*" Treatment comprised fresh milk, rare-broiled beefsteak and sweet oranges.

In three weeks the child was restored to complete health. The doctor believes the scorbutus to have been caused by the exclusive use of the prepared food and he concludes that "no cereal or chemically prepared food can nourish perfectly," and should be supplemented with fresh milk, meat and fruit juices.

During the summer just past, the writer has had opportunity in three great medical centres, personally, to compare notes on the subject of scorbutus in young children.

Prof. Ranke, of Munich, said that with him it was "in the highest degree of rare occurrence." He could not at once recall a case.

The assistant of Prof. Widerhofer in Vienna, Dr. Karl Foltanek, at that moment surrounded by a throng of wretched out-patients at the children's hospital, declared that in his experience, and it must be considered a colossal experience, "scorbut" in children was "ungeheuer selten."

Dr. John Abercrombie, of Great Ormond street Children's Hospital, in London, believed it not frequent, though it did occur and was due to patent prepared baby foods. In a subsequent conversation with the house physician, in answer to the question—to what is scorbutus among children commonly attributed in this hospital—he promptly gave the name of a proprietary food which is advertised upon and within every omnibus in London, at every railway station in all England, and whose name glares at one from the back cover of every sixpenny novel. This point will be of interest to our worthy and honored

president. Well do we remember his able plea before the Academy of Medicine in New York, that the tender life of the children of this country might be emancipated from the thrall of enterprising pap-peddlers. It is a significant fact that the country which furnishes most of the literature of scorbutus in children is the same which is posted from end to end with advertisements of proprietary foods.

As to the frequency of scurvy in America, Dr. Roger S. Tracy, Register of Vital Statistics of New York Board of Health, has very kindly copied off for the writer all deaths reported under scurvy from 1870 to 1890. In this twenty years, there have been 100 deaths from scurvy, reported to the office, of which sixteen have been in patients of five years or under. Of the sixteen fatal cases in children, twelve have been in infants (under two years of age). So it comes about, that of the class of cases which we are here and now considering, sixteen have been reported among the deaths of the last two decades in the City of New York. Some have doubtless gone astray in the records, because scurvy has been little considered and less thought of among the derangements of childhood and infancy; many of them, no doubt, have found their way to the list of purpura and acute rickets, some to hæmorrhagic exanthemata.

Surgeon J. S. Billings, librarian of the Surgeon-General's office, has kindly furnished seven references to cases of scurvy in children and infants. The first five cases are from England, the sixth from France and the seventh from America. This case on examination is not considered scurvy by the writer.

It would seem that England, and that means London in this case, is the source of most of the cases, and of the literature, of scurvy in children. To W. B. Cheadle and Thomas Barlow of Great Ormond street Hospital, is due the credit (the former) of "having first shown on clinical grounds the true affinities of this form of infantile cachexia," and (the latter) the anatomical nature of the diseases determined by post-mortem examination. Scurvy

is not in the index of Meigs & Pepper's Diseases of Children (Edition, 1883) ; nor does it appear in the last edition of J. Lewis Smith's book.

The writer has held correspondence with twenty-five persons, members of this Pediatric section, and others, in New York and different large cities ; the purpose has been to unearth any cases of infantile scurvy unreported and to learn the opinion of the gentlemen as to its frequency of occurrence. The answers have been prompt, to the point, of great service to the writer, and he here desires to express his obligations. All of these correspondents have vast opportunities for seeing cases in dispensaries, hospitals and asylums, as well as private practice. The majority of the answers contain such words (and with relief and satisfaction we record it) as "rare in children." "I know of very few cases of scorbutus" ; have thus far not seen any case of scurvy in children." "Have never recognized a case . . . nor do I know of any recognized case." "Have never seen a case in children in this city nor at the Juvenile Asylum where I pass in review 1,000 annually, and many are from the 'slums.'" "I think the cases extremely rare." "Cases of scurvy in children I have not seen." "During a service of two years, in which time 1,600 children have been seen, I have not met a single case of scurvy."

The purpose of this paper has been so modest that it may fairly be assumed that that purpose has been attained. Cases have been collected—eleven of them—and with pains to make the number represent the approximate frequency of occurrence. We must now await the report of the investigator for the intimate essential cause of the various lesions of scurvy. It is not a question of opinion; it is a question of facts. The whole line of sturdy soldiery must await the arrival of the aid who brings a message from him who holds his council amid culture ovens and flasks, dry plates and oil immersions.

So many apparent causative elements enter into the hæmorrhagic diseases and blood-dyscrasia, from drugs to bad food, that it seems idle to recount them ; they rest

just where they did decades ago. The germ investigations have not rendered a final answer, though they seem soon to explain some of the group.

Finally, to dwell on such a topic as the present, to bring together rather more cases of scurvy than one expects are to be found, to, in a certain way, apply for the admission of a new disease into American literature, is somewhat similar to the player's rôle of villain ; he may set forth upon the boards a most excellent villain, but after all, it is a gruesome business.

Archives of Pediatrics.

THE ARCHIVES OF PEDIATRICS, January, 1892, commences its *ninth year*, and a new era of progress and prosperity under the business management of Messrs. Fairchild & Company (1329 Broadway, New York City), the publishers of the *New York Journal of Gynæcology and Obstetrics*. Those who have read the ARCHIVES during the past year cannot get along without it, and those who have not will soon find that they must do so in order to keep up with their professional brethren who do.

Each number contains *Original Communications* from the best pediatrists in America and Great Britain, *Clinical Memoranda* and *Clinical Lectures* from all the great pediatric centres, and a complete résumé, carefully prepared, of all the current pediatric literature of the world, so that at the end of each year you have a cylopædia of nearly 1,000 pages, on Diseases of Children, costing less than a penny a day, which being carefully indexed will be invaluable to every active practitioner. The ARCHIVES has the most distinguished corps of collaborators—each one contributing at least one article during the year—connected with any medical journal. The highly interesting scientific papers, together with a stenographic report of the discussions thereon, read before the American Pediatric Society, are *published exclusively* in the ARCHIVES OF PEDIATRICS.

It is admitted that children form the large majority of the general practitioner's patients; yet it is a deplorable fact that the study of their diseases has been sadly neglected, even our leading medical colleges having given but little attention to this important branch of medicine. There is a remedy for this evil which can be furnished by the ARCHIVES OF PEDIATRICS. To accomplish this object we solicit the hearty co-operation of the entire profession in placing this—the only journal of its kind published in English—in the very forefront of the advanced field of medical science.