MISCELLANEOUS.

Maas.—Rumination in a Nursing Child. "Med. Klinik," November 31, 1907. Review by May (Worms), in "Arch. f. Kind.," Bd. 49, Heft 1 and 2.

This relates to the case of a child, aged eight months, who lay with the head bent backwards and made chewing movements when the mouth was empty. This action was followed by a flow of the contents of the stomach into the mouth, which were apparently chewed again with great relish. The procedure was carried out with such skill that not a drop was lost. It occurred both directly after taking food as well as some two to three hours later. At the latter time it was usually induced by some external influence (loud speaking, slamming of a door, presence of a stranger). Directly after food light palpation of the stomach would bring it on. Chemical examination of the ruminated food showed milk to be present, but no free hydrochloric acid. A diverticulum was quite excluded. Treatment consisted in avoidance of every possible source of exciting cause and in regulation of diet.

Alex. R. Tweedie.

REVIEWS.

A Manual of Infectious Diseases. By E. W. Goodall and J. W. Wash-Bourn. (Second Edition revised by E. W. Goodall.) London: H. K. Lewis, 1908.

The laryngologist whose view is not too restricted cannot fail to appreciate the work of a writer on infectious diseases who also is free from narrowness of view. The second edition of the "Manual of Infectious Diseases," originally written by Dr. E. W. Goodall and the late Dr. J. W. Washbourn, will no doubt be greatly appreciated by our readers; the work has been revised by the survivor, Dr. Goodall, in the light of the progress which has been made in bacteriology and clinical pathology in general since the year 1896, when the first edition was produced. chapters which are of most interest to us are those dealing with the infectious diseases in which affections of the throat and ear occur as complications, or in which the question of diagnosis is involved, and therefore Chapter V, concerning the affections of the throat which are not infrequently mistaken for scarlet fever or diphtheria, will be found extremely useful. The varieties of acute sore throat are described in a way which appeals to the general practitioner as well as to the specialist, and among the additions in the present volume is the paragraph on acute septic inflammation of the fauces, in which the writer expresses his agreement with the familiar views of Sir Felix Semon. The methods of staining organisms obtained from the throat are clearly described. Traumatic or surgical scarlet fever is, of course, a burning question, and the writer states that there is no evidence that scarlet fever occurring in the subjects of operations or other wounds differs in any respect from ordinary scarlet fever, nor, he continues, does it appear that such patients are more liable to contract the disease than other patients. Some valuable statistics collated by Bellingham Smith are quoted as showing that, at all events, in regard to burns and scalds, patients suffering from burns are specially liable to be attacked with scarlet fever, and there seems a probability that scarlatiniform rashes in those suffering from burns are really scarlet fever. The bacteriology and history of the toxins derived from the diph-