baby language nor a new tongue invented by the patient. The child's speech really represents a very defective attempt to speak his own mother tongue. The defect does not arise from any impediment in the articulatory mechanism; nor to want of intelligence; nor to lack of visual memory; nor to inattention, though these may be noticed in some cases; nor to deafness in the ordinary sense. But the symptoms are explicable on the theory that there is defective audition in the sense of some affection or imperfect development of the auditory word centre. Idioglossia would thus come under the same class of cases as congenital word-blindness. But if so, why should the former condition be readily curable (in the case of an intelligent and industrious subject), while the latter is extremely intractable or even incurable, although the intelligence of the patient may be quite normal? The explanation seems to be as follows: In cases of congenital word-blindness the word-seeing centre in the brain fails to develop under the stimulating influence, successful in the case of all normal children, of school lessons. But an efficient word-seeing centre is absolutely essential for reading, and if the affected child's reading centre has not sufficient latent capacity to undergo the normal course of development even under the stimulation of individual tuition and prolonged effort, the case is hopeless. The child cannot learn to read because he cannot develop a reading centre. In a case, on the other hand, of idioglossia the defect in the audition centre does not interfere with the child's hearing nor with his capacity to understand what he hears, but it does incapacitate him from reproducing by ear, as normal children do, the sounds transmitted to his ear. It may even incapacitate him from learning how to reproduce such sounds by ear, just as the word-blind is incapacitated from recognizing, or even in some cases from learning to recognize, word symbols by sight. But in order to teach a child with idioglossia to speak it is not necessary to provide him with a complete audition centre. There are several ways of speaking, and if the child with a defective audition centre cannot learn to speak correctly by ear he may learn to speak by the intelligent utilization of visual or kinaesthetic memories.

It may be impossible for him to learn to reproduce words correctly by means of his auditory memory, but if he cannot learn to pronounce words as they sound, he may yet learn to pronounce them as they look, not merely in books, but also as they appear on the lips of other people. Nor does the unphonetic character of our spelling present any difficulty to this theory. Recollection that "would" and "wood" are produced in the same way in speech depends upon visual memory. The auditory memory is not necessarily involved at all. In the case above described there is no reason to suppose that the original defect of audition has been cured: for, although the boy can now talk quite fluently and intelligibly when he is expressing his own thoughts, he cannot echo immediately an unusual word. If one says to him unexpectedly "Say 'mathematics,'" he has to consider what the parts of the word are and how the proper sounds have to be produced before he can tackle the word successfully. When he has got the word correctly syllable by syllable, he has then no difficulty in repeating the whole word as fluently as a normal person.

TWO CASES OF LUPUS IN CHILDREN.

BY

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THE treatment of lupus vulgaris is often so unsatisfactory, especially when the employment of the Finsen rays is impracticable, that the following two cases may be of interest:

CASE I.

G. G., aged 14, came under my care in November, 1913. In November, 1912, her condition was described as follows by the physician under whom she then was: "Tuberculosis of the nose—lower surface, surrounding the nostrils and upper lip on right side. Mucous membrane of septum and alae also involved. Duration one year. Said to have followed a blow. Weak, ill-nourished child. No phthisis in the family." She was treated for nearly a year by half-pastille doses of x rays, given about every fortnight, with ung. hyd. oleat. as a local application.

She had apparently improved considerably under this treatment. When I saw her the nose was covered with crusts, and there was a considerable area of skin on either side actively involved, the typical apple-jelly appearance being well marked. The disease also affected the nasal mucous membrane.

On December 3rd I decided to try the effect of the intensive iodine treatment. This was continued for three weeks, but the patient was somewhat intolerant, and during this period no local changes were apparent. I then prescribed Unna's urguentum viride, the formula of which is: Acid. salicyl., liq. stibii chlorat., aa 2.0; creosot., ext. cannab. ind., aa 4.0; adip. lanae, 8.0.

This was kept on with lint and adhesive plaster, and after two months considerable improvement was apparent. During the greater part of this period the patient was taking cod-liver oil internally.

On March 18th, 1914, I prescribed potassium iodide (gr. v. t.d.s.) internally, and ordered a solution of hydrogen peroxide (10 vols.) to be applied twice daily on cotton-wool to the interior of the nose. At the same time the ointment was replaced by Unna's creosote and salicylic acid plaster (Beiersdorf, No. 81). This treatment was continued until April 29th, when the condition of the nasal mucous membrane had greatly improved. The iodide mixture and the hydrogen peroxide were then discontinued, and the patient was given petroleum emulsion (5j. t.d.s.). A month later the child appeared greatly improved as regards her general health, and the nose was looking much better; there was still, however, a good deal of active tuberculous infiltration.

I then decided to try the effect of trichloroacetic acid. A small glass rod was dipped into a semisolid mass of this substance, and then pressed firmly for a few seconds on the lupous tissue. Only a small area was treated at one time. The procedure causes a little temporary pain. The applications were continued at intervals of a fortnight for two and a half months, by which time practically all the active disease had apparently disappeared. An ointment consisting of menthol (10 per cent.) in zinc ointment, had been kept applied continuously on lint, and well rubbed in at night time during the whole of this period.

When I last saw the patient (October 28th) she was apparently cured except for two tiny nodules, which I treated with trichloroacetic acid. The cosmetic result is extremely good, and compares favourably with that obtained by the Finsen rays.

CASE II.

T. C., aged 6, was brought to see me in January of this year. He had a patch of lupus about the size of a five-shilling piece on the right cheek. He had previously been treated with pyrogallic acid ointment and half-pastille doses of x rays. Part of the patch was apparently cured when I saw him; there was still, however, a good deal of active disease present.

I treated him very much on the same lines as Case I—namely, first with creosote and salicylic acid plaster, and later with trichloroacetic acid and the continuous application of the menthol ointment. He also took petroleum emulsion internally. When I last saw him (November 4th) the patch was apparently completely cured, and, as in the other case, the cosmetic result is excellent.

The value of a strong application of creosote and salicylic acid is, of course, generally known, and Unna's plaster is widely used in the treatment of lupus. I have been very impressed by the results I have obtained with trichloroacetic acid; it is undoubtedly very effective in destroying the lupous tissue, and, as has been noted, the cosmetic result is almost perfect. Whether the local application of menthol has any curative effect or not I do not know. I am rather inclined to think it has. It is undoubtedly absorbed when rubbed into the skin, for its application is followed by the appearance of a reducing body (probably glycuronic acid) in the urine, and many competent observers have testified to the value of menthol inunction in cases of phthisis. Finally, it may be noted that the general health and appearance of both cases improved very markedly as a result of the administration of petroleum, and there is little doubt that they both were subjects of intestinal stasis or intoxication.

ACCORDING to the *New York Medical Journal* Dr. Alexis Carrel, of the Rockefeller Institute for Medical Research, who has been in charge of the military hospital at Lyons ever since the war broke out, has been placed by the French Government in charge of a hospital at Compiègne in a hotel requisitioned for the purpose, which has accommodation for about one hundred patients. The Rockefeller Institute is equipping the hospital with complete apparatus for research in the bacteriological, pathological, chemical, and surgical conditions which may arise. Dr. Carrel will have a staff consisting of bacteriologists, chemists, and technicians, forming a laboratory unit, in addition to the regular surgical unit of the hospital. To Dr. H. D. Dakin has been assigned the chemical part of the work of investigation. The Rockefeller Foundation has voted an appropriation of £4,000, to be used under the direction of the Rockefeller Institute, in furthering medical research work under war conditions.