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- 58 Presence of Blood Pigments in Urine in Malaria. (Nouveau signe pathognomonique du paludisme.) C. L. Urriola.  
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- 59 Allowing Parturients to Get Up Early. (Le lever précoce des nouvelles accouchées.) R. de Bovis.

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- 60 \*Amyotonia Congenita. (Myotonia congenita von Oppenheim.) J. P. C. Griffith (Philadelphia) and R. Lewin.
- 61 Viscosity of Blood in Healthy and Sick Infants. F. Lust.
- 62 \*Diagnosis and Epidemiology of Pulmonary Tuberculosis in Children. K. E. Ranke.
- 63 Use or Harmfulness of Bacteria in Intestinal Tract. (Bedeutung der Bacterien im Intestinaltractus. Infection und Sterilisation desselben.) P. S. Medowlkow.
- 64 \*An Epidemic of Poliomyelitis. (Steiermarkische Poliomyelitis-epidemie im Jahre 1900.) K. Potpeschnigg.
- 65 Influence of the Dwelling on Development of the Child. (Einfluss der Wohnung auf die Entwicklung.) E. Gindes.

60. Abstracted in THE JOURNAL, May 21, 1910, p. 1712.

62. **Pulmonary Tuberculosis in Children.**—Ranke has had about four thousand children under continuous observation during the last three years in his work as school inspector and physician to the tuberculosis dispensary, and he has thus been able to trace the course of pulmonary tuberculosis in them and to correct mistaken impressions. He learned that apical catarrhal processes in children have nothing to do with tuberculosis. When they are of a tuberculous nature, they are merely one manifestation of a generalized tuberculosis. With the latter it is often the only sign indicating involvement of the bronchial glands, aside from radiography. This point, he says, is very important. Mild generalized tuberculosis is so frequent in children and so often runs a favorable course without any treatment, that its differentiation is imperative from the graver, pulmonary form which always requires strict measures and years of treatment. Apical symptoms, therefore, he declares, must be estimated entirely differently as they are observed in children and in adults. True pulmonary tuberculosis in children scarcely ever affects the apices first. He seldom if ever found associated chronic bronchial catarrh with pronounced phthisis in children. When bronchial catarrh occurs, it runs its course the same as in the non-tuberculous. In young children the glands and serous membranes are the seat of the tuberculous processes while in adults the lungs are the main site; these two forms of the disease do not blend into each other, he says, but are separated by a striking gap in the mortality curve. They actually seem almost two separate diseases, or more like the three phases of syphilis. The generalized form runs its course and heals, leaving a kind of immunity, though some minute focus may persist whence the bacilli may pass into the blood later. The lungs, the great blood filter, are especially endangered by this irruption of the bacilli into the blood, and after a period of weakness and anemia with occasional febrile attacks—the picture characteristic of the insidious form of a relatively mild generalized tuberculosis—a process like that in the lungs of adults may develop as adult age is reached.

Tuberculosis in any form in children should be combated, he declares, along the same lines as in adults. But scarcely a step has been taken in this direction. In the great world movement against the white plague only a few isolated pediatricists have taken part; and yet this is particularly the work of pediatricists, Ranke declares. Not only the theoretical solution for the problem of the origin of tuberculosis lies in the child material but also a large part of the practical success of the movement. The hygienic and other measures introduced into Germany in the last few years have reduced the adult mortality from pulmonary tuberculosis amazingly, he remarks, but it is equally surprising that the mortality from tuberculosis in children has shown practically no decline during this period. In some of the states it has even increased. Pediatricists are confronted here by a task which is no less important than the reduction of infant mortality from gastrointestinal disease. Under modern hygienic conditions tuberculous adults live longer and thus the period in which they can infect others has been lengthened. Tuberculosis in children can be prevented only by removing children from contact with the tuberculous family or by isolating the tuberculous member of the family in an institution. Neither can be realized at present,

Ranke remarks, and it is the task of pediatricists to rouse the public to the necessity for these measures and to select the children who need treatment out of the millions already infected. Such children tire easily, show a moderate anemia, positive tuberculin reaction and higher temperature after playing and after retiring. In normal children the rectal temperature is not over 37.5 C. (99.5 F.); if it is above this figure over long periods, and other causes can be excluded, the child is ill and probably tuberculous. Small cheesy glands are responsible for the temperature in these cases. Careful supervision will reveal occasional sudden intercurrent attacks of fever for a day or for two or three days, resembling the tuberculin reaction. It may be impossible to detect any local manifestations. In many cases of ephemeral fever in children, an insidious generalized tuberculosis may be incriminated. The glands in the neck swelled in three of his cases in less than four weeks after infection and remained enlarged for nearly two years. Glands once the seat of a tuberculous process may subside to normal size but generally are unusually hard and are adherent to the surrounding tissues, while recently infected glands are movable. The hilus glands may also subside after having been enlarged, but they cast a shadow with radiography thereafter into adult life; such shadows, therefore, are not necessarily a sign of an active tuberculous process.

64. **Acute Poliomyelitis.**—Potpeschnigg states that about 600 cases of acute anterior poliomyelitis developed in 1909 in the Steiermark district which has a population of 1,750,000. Question blanks were sent to all the medical men in the district and 235 returned them, bringing out a number of important points in regard to the disease. The onset frequently was not accompanied by fever, but when there was high fever sweats were common. Sore throat was almost constantly observed as a prodromal symptom. Sharp pains in the breast were also noted in some cases. In others the first sign of trouble was intense pain in one limb and when the paralysis developed, this limb was first affected. On suspicion of the disease, the child should be kept in bed. He relates several instances of serious trouble following premature use of the limbs in what promised to be otherwise mild forms of the disease. The patients should be kept unconditionally in bed for weeks even in the mild cases, and brief active movements commenced gradually and with extreme caution. He illustrates by a number of examples the fact that even the absence of fever and pain and subjective disturbances is no guarantee that the disease has been arrested or run its course. No benefit was observed from lumbar puncture in his experience but no harm resulted. Occasionally the paralysis disappeared abruptly, but never could any connection between this and any special measures be detected. He begins cautiously with faradization and massage two or three weeks after the acute process has begun to decline. Plaster and other splints were applied to prevent secondary contracture from preponderance of the muscle antagonists. The limbs were also placed so as to prevent passive overstretching of the paralyzed groups of muscles. The deltoid is generally the muscle most affected and to prevent overstretching he has the arm placed over the head during the night. In prophylaxis some recommend throat and mouth sprays and gargles with from 1 to 3 per cent. hydrogen dioxide. In scarcely any other disease, he adds, is it possible for the patient and his environment to render so much more favorable the final outcome of the disease. If the paralyzed patient is allowed to lie still in bed undisturbed, and nothing is done but a little faradization and massage, complete atrophy and secondary contracture are almost inevitable, but suitable measures to combat this tendency, energetically and perseveringly applied, accomplish wonders even in the most apparently hopeless cases. Intelligent cooperation on the part of the patient is a great aid in this respect. It was found that several cases retrospectively diagnosed had occurred in the district previous to the 1909 epidemic. The incubation was as long as five, six and ten days in some instances. The mortality was 7.51 per cent. in the younger children and 24.25 per cent. over the age of 14. Death was the result of paralysis of the muscles of respiration. Anatomic research shows that islands of normal tissue may be found in the apparently totally paralyzed muscle, or there may be paralyzed patches in nearly normal muscles.