

## PEDIATRICS.

UNDER THE CHARGE OF

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**Spina Bifida Occulta.**—Spina bifida occulta is a congenital deformity of the spine characterized by a more or less evident vertebral cleft extending over one or more vertebrae, and without the existence of a tumor. In the dorsal and lumbar regions, where the condition is more common, there is often a profuse overgrowth of hair over the defective arches. The latter is a pathognomonic sign, but may not develop until after puberty. Hip dislocation, clubfoot, partial paralysis of the lower extremities, changes in tactile and thermal sensation, anesthesia, hyperesthesia, and trophic ulcers may be the result of this condition. The deformity is always congenital and usually due to traction of amniotic bands preventing union of the borders of the medullary groove; various theories exist to account for these bands. Symptoms and complications may not arise until the child becomes older. No treatment is indicated if no symptoms or complications exist; if symptoms exist and bands are suspected, they must be searched for carefully and divided under strict aseptic precautions. J. W. SEVER (*Boston Med. and Surg. Jour.*, 1909, clxi, 388) reports 11 such cases, 2 boys and 9 girls; 4 cervical, 1 dorsolumbar, and 6 lumbar cases. Paralysis existed in 4, dislocation of hip in 2, and scoliosis in 2. A careful study reveals them to be the usual varieties of spina bifida occulta. Hypertrichosis was not constant. Not a great deal can be done for the paralytic cases, except to attempt the correction of the deformities.

**Fatty Infiltration of the Liver in an Infant Aged Three Months.**—C. A. PRATT (*Boston Med. and Surg. Jour.*, 1909, clxi, 395) reports the case of a child, perfectly healthy at birth and remaining so until its eleventh week, when, without any other apparent cause, except the heat, the infant lost its appetite and vomited after almost every feeding. The child was breast-fed until its seventeenth day, the illness of the mother forcing modified milk feeding thereafter. In the course of a journey, non-sterilized milk had to be given, and vomiting became more frequent, the baby becoming more and more ill. Physical examination revealed nothing but a liver markedly increased in size; it extended from the anterior superior spine of the right ilium to the umbilicus. From then on until her death, no matter what form of milk was given, whether human, cow's, modified, or even condensed milk, symptoms of toxemia appeared. At the autopsy the liver was seen to be greatly enlarged, pale yellow, and firm. The microscope showed "no normal liver tissue," fat replacing the protoplasm of the cells. The other organs were reported normal. Pratt believes the excessive amount of fat in the mother's milk (5 per cent.) to have been the cause of the fatty infiltration.

**Idioglossia.**—Idioglossia is an inability to pronounce certain consonants and substituting other consonants or vowel sounds for them. Hadden was the first to describe this condition in the *Journal of Medical Science*, 1891. L. G. PARSONS (*Birmingham Medical Review*, 1909, xiv, 9) describes two such cases in brothers, respectively ten and fifteen years of age. Both are bright and intelligent, but rather excitable and nervous. They cannot keep still for any length of time, and concentration of attention is impossible. There is no evidence of mental deficiency in either, and the elder brother writes and copies well; neither stutters. Three other children in the family pronounce words properly. The only consonants the elder boy pronounces correctly are h, d, l, n, t, y, and the younger, l, n, p, t, v, x, y, and even they are not employed correctly in combinations forming words. Concerning the causes, Parsons discards the following theories: (1) That idioglossia is baby language; (2) that it represents atavism or "sport" in language; (3) that it indicates mental deficiency; (4) the theory that it is a congenital deficiency of audition, not amounting to deafness, and an analogous condition to color blindness, is an explanation for some cases, but not for the majority.

The theory explaining all cases is, that it is due to some fault in Broca's area. Of the exact nature of the irregularity we are still in ignorance. Intelligence is not at fault, as in babies where both Broca's area and the frontal lobes are undeveloped. Spontaneous improvement after eight to ten years of age and absence of the defect in adults points to this theory as the correct one. The ultimate prognosis is good and the treatment consists in oral training, best performed with the child in an institution, as the parents, being accustomed to the child's imperfection, cannot do the teaching well.

**Influenzal Meningitis.**—DAVID DAVIS (*Archiv. Int. Med.*, 1909, iv, 323) reports the cases of twin brothers who died of influenza. They became ill on the fifth day after birth. The cases ran an identical clinical course and terminated fatally on the ninth and eleventh days respectively. There was little or no distinct evidence, clinically, of meningeal involvement. The autopsy on the first child revealed, as prominent lesions, acute purulent leptomeningitis and acute enteritis. From the meningeal exudate and from the peritoneal fluid pure cultures of the bacillus of influenza were obtained. The usual atria of infection—nasal and tympanic cavities, lungs, bronchi, and throat—were normal. Omphalitis was not present. The children were breast-fed and were healthy until the fifth day, when the bowel movements became green and contained mucus and curds. Both children then became drowsy and refused the breast, and later developed attacks in which they became cold and cyanotic. There was no rigidity, and no symptoms of meningeal irritation developed until the ninth day, when there were general twitchings, but no actual convulsions. A comatose condition and marked cyanosis preceded death, which occurred in one child on the fourth day of the disease, and in the other on the seventh day. The temperature during the disease ranged from 101° F. to 104.5° F. Neither the mother nor any of the family were afflicted with colds at this time. The autopsy confirmed the intestinal involvement and showed a mild peritonitis. The intestinal tract was the