AUTHORS' ABSTRACTS

Medicine

What the American Soldier Now Fighting in France Should Know About Tuberculosis. S. Adolphus Knopf, M.D., Captain, M.R.C., U. S. Army, New York, N. Y.

After his return from France, Dr. Hermann M. Biggs, of New York, made the following statement published in *The Survey* of May 5, 1917: "In the beginning of this year it was estimated that about 150,000 French soldiers had been returned to their homes with active tuberculous disease and that more are constantly being discharged for this cause." Besides these 150,000, Dr. Biggs conservatively estimated that there would be altogether, including the civilian population, not far from 500,000 cases of tuberculosis in France to be dealt with if the war were to terminate at once. This was in January, 1917.

To allay the fears of the parents and friends of our boys in France, Dr. Knopf published in a number of medical periodicals (*Medical Record*, November 3, 1917; *Interstate Medical Journal*, November, 1917; *Woman's Medical Journal*, November, 1917; *L'Union Medicale du Canada* [French translation], November, 1917; *Western Medical Times*, December, 1917, and others) an article under the above title. In a precise and practical way he answers the following questions: What is tuberculosis, particularly the most common type known as pulmonary tuberculosis? What is the direct cause of tuberculosis? What are the early symptoms of pulmonary tuberculosis which can be recognized by the layman? What are the methods whereby tuberculosis is communicated from one human being to another, or from animal to man? How can these methods be prevented or the germs destroyed? What protects the healthy individual against contracting tuberculosis? What constitutes an hereditary predisposition to tuberculosis? How is the predisposition to tuberculosis acquired? What can the soldier in the field do to prevent becoming predisposed to tuberculosis? What should the soldier do so as not to spread tuberculosis? Should the American soldier in France greatly fear contracting tuberculosis after what has been said of the frequency of the disease among French soldiers and the French civilian population?

The knowledge of the prevention of tuberculosis is now so universal among medical men that there is no necessity for answering the foregoing questions in this abstract. In reference to the three following questions, however, which complete the article, there are some points which may be worth mentioning here:

The first of these questions is, "What can the American soldier, now in France, do to help in the fight against tuberculosis?" The American soldier is asked to convince his French comrades and civilian friends as tactfully as possible that the fear of night air, fixed in the minds of so many French people, is not at all justified, but that on the contrary pure night air is a very helpful measure in the prevention of tuberculosis. He is also asked by example to overcome the prejudice of many French people against drink-

ing pure water and taking cold baths. He is taught how to instruct his French friends to become accustomed gradually to daily cold water applications.

In the next question, "What are the agencies now at work to help the French soldier who may have contracted tuberculosis?", Dr. Knopf tells of the activities in France of the Rockefeller Tuberculosis Commission, the Red Cross, and the French anti-tuberculosis agencies, which have combined to establish sanatoria, tuberculosis dispensaries, and preventoria, and engaged in a vigorous educational tuberculosis campaign.

The answer which Dr. Knopf gives to the last question is comforting: "What may we hope for regarding the tuberculosis problem in all civilized countries after the successful issue of this war of democracy against autocracy?" Since tuberculosis is as much a social disease as it is a medical disease, the prospect of combating the social causes will be brighter when militarism and autocracy will have disappeared from civilized countries. The countries which are now the enemies of the Allies will also become democratized and there will be a united Europe as there is now a united America. Social justice for all will then be the maxim, and there can be devoted to the betterment of the social conditions of all peoples the countless millions of dollars that are now spent for maintaining fighting armies because one country would not consent to disarmament, but wished to dominate the world by brute force and uphold the maxim that might makes right. Medical science will then once more be able to devote all its energy to the prevention of disease. All other branches of science, now utilized in the practice of war, will likewise be consecrated to the betterment and advancement of human happiness, comfort, health and the enjoyment of life, and, with these blessings attained, the disease which has justly been called "the great white plague," one of the greatest enemies of mankind, will disappear.

Dr. Knopf will be glad to send this pamphlet to any physician who may have a son, brother, or intimate friend in the ranks whom he would wish to have a copy, in English, in French, or in both languages.

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The Explanation and Meaning of the Babinski Sign. Meyer Solomon, Chicago, Ill. *Medical Record*, Vol. 91, No. 24, June 16, 1917, p. 1029.

The Babinski sign is described and the method of testing for it given. The signs allied to it—known as Schafer's, Oppenheim's, Gordon's, Strumpell's and Chaddock's signs, respectively—are described. The Babinski sign may occur temporarily during unconsciousness or convulsions from any cause. It occurs pathologically, and as a rule permanently, in children past the stage of successful walking (up to two and one-half years of age) whenever there is a pyramidal tract lesion cutting off the central motor neurones from connection with the anterior cells of the fifth lumbar and first and second sacral segments. It occurs normally in infants up to the age of successful walking.

The author presents the views of Edinger on the development of the central nervous system