

manifestation is the hemorrhagic diathesis causing hemorrhages into the subcutaneous tissues and bleeding from the mucous membrane of the mouth, the nose, and the urogenital and gastro-intestinal canals. The characteristic feature in the blood is the great increase in the lymphocytes with a preponderance of the large variety. The percentage of lymphocytes in the cases recorded by Marsh is 93 per cent. and 94 per cent. Petechiæ occurred in all the cases, but the spleen was not enlarged. The enlargement of the lymph nodes is never as marked as in the chronic form of leukemia. Other clinical features of the disease are lymphoid infiltration of the liver with consequent enlargement, progressive emaciation and cachexia, increased secretion of uric acid and in most cases moderate fever, often typhoid or septic in type. The reported cases all died within two or three weeks of the onset of the acute symptoms. Two cases followed the extraction of a tooth which seemed the start of the bleeding from the mouth. Horse serum, arsenic and rest had no effect on the course of the disease. Röntgen-ray therapy in a few cases has caused a reduction in the lymphocytes to normal or below, and diminished the size of the lymph nodes and liver temporarily, but this was always followed by a very rapid return of all these conditions followed by death in all the cases. The generally accepted view of the etiology of the disease, is that it is caused by some toxins manufactured within the body.

---

**The Incidence of Pulmonary Tuberculosis in Children.**—McLELLAN (*Liverpool Medico-Chirurg. Jour.*, 1914, xxiv, 333) makes deductions on the incidence of pulmonary tuberculosis in children from the recent investigations in this field. It is fairly generally accepted that the vast majority of children under the age of twelve years have been subjected to the attack of the tubercle bacillus. In regard to the von Pirquet test McLellan states the belief that as proof of active tuberculosis after the age of three years the test is unreliable. Also that the younger the child the greater the reliance that may be put on the results and that in most cases the only deduction that may be drawn from a positive result is that the patient at sometime or other has been subjected to the attack of the tubercle bacillus. While Moreland's modification of the von Pirquet is most hopeful, no specific method has been devised by which to definitely decide whether the disease is in an active or passive condition. The opinion held by McLellan that glandular infection is a common occurrence and pulmonary tuberculosis is rare, he admits is not shared by the majority of practitioners. Large numbers of children are admitted to hospital with the diagnosis of phthisis, who have slight catarrhal symptoms or glandular involvement and who respond rapidly to ordinary hygienic and medicinal treatment and show no evidence of the disease clinically. McLellan's experience leads him to believe that as far as the lungs are concerned, practically all children suffering from tuberculosis die sooner or later from that disease. The first check on the diagnosis is the discovery of the bacillus in the sputum. The second check is the progress of the disease. While the very frequent cases of fibroid and bronchiectatic affections show the so-called classical signs of tuberculosis, they show the following essential differences from phthisis: No tubercle bacilli are ever found in the sputum.

The process is essentially a chronic one, the cases going on three or more years with only slight alteration in the physical signs. Lastly, the child looks healthy, its cheeks are red, its appetite good, and it puts on weight. These conditions are much more common in children than is supposed and are frequently mistaken for phthisis. Tuberculous disease of the lungs is usually secondary to diseased thoracic glands and is comparatively infrequent, but very fatal.

---

**Psychotherapy in Childhood.**—F. HAMBURGER (*Wien. med. Woch.*, 1914, lxiv, 1314) gives an excellent analysis of the treatment of psychical abnormalities in childhood. Based on the fact that these conditions depend in their development on the disposition of the child, in the sensitiveness of its nervous system and the activity of its imagination, and on an irritating cause or psychical trauma, the treatment divides itself into etiologic, prophylactic, and symptomatic therapy. The etiologic treatment depends on finding out by careful anamnesis what the psychical trauma was or is, and then try to eliminate it. The vaso-neurotic type is especially amenable to this treatment and liable to psychical trauma. In this type of child, if no murmurs are heard over the heart area, the vasomotor symptoms are usually due to a psychical cause. The severe attitude or discipline of a tactless school teacher or apparent, or real neglect or unjust severity on the part of a parent are examples of psychic trauma in such cases. The prophylactic treatment aims to change the disposition, making the child less sensitive and more self-reliant. In this respect the child is "hardened;" attempt is made to undeceive his illusions, to accustom him to disappointments, and through a firm but loving training accustom him to meet difficulties and rebuffs. The symptomatic treatment is based on the fact that the psychical trauma acts like a foreign body, the voluntary or involuntary remembrance of which is continually calling forth the symptoms of the condition. This is best relieved by diverting the mind to other things. The best method is the so-called "awake" or "alert" suggestion, by constantly holding up before the patient the ultimate, complete cure of his ailment. This is embodied in various medicaments, believed by the child and the mother to have curative properties. In addition a change in environment will aid diversion and reiteration of the statement of ultimate recovery and gaining the child's confidence by tactful kindness, with a free discussion of his condition and an answering of all questions asked will have a beneficial effect on his symptoms.

---

**The House-fly and Diarrheal Disease Among Children.**—ARMSTRONG (*Jour. Amer. Med. Assoc.*, 1914, lxii, 200) in describing an interesting experiment on the relation of summer diarrhea especially in infants, and the disease carrying properties of the house-fly, states that so far scientific field studies of this problem have been made only in the southern states. Two areas in New York City were selected. These areas were inhabited entirely by Italians, contained the same number of families under identical conditions of poor sanitation and environment. One area was left undisturbed by sanitary innovations, except that of investigating the cases of illness, their type, etc. In the other area every effort was made to eliminate the house-fly and break the