

The enlargement of the hands and feet, however, is more conclusively shown by the larger sizes of gloves and shoes which she now requires than by these measurements.

For the examination of the special senses as well as for the electrical tests, I am indebted to Dr. P. C. Knapp, who went over the case with much care. Smell is nearly lost, there being no perception of camphor or menthol with the right nostril and only slight with the left, a condition probably explained by the presence of polypi. Vision is practically normal, the field is not contracted and the color sense is good. Nothing abnormal was seen in the fundus oculi. Hearing in the right ear is normal, but with the left ear a watch cannot be heard more than six inches away. Taste, cutaneous sensibility and the muscle sense are unimpaired.

The electrical reactions are considerably diminished quantitatively to galvanism and slightly to faradism, but there are no qualitative changes.

The urine had a specific gravity of 1.018 and contained neither sugar nor albumin; the daily amount was slightly in excess of the normal quantity.

She was put on general tonics and on the dried extract of thyroid gland in gradually-increasing doses until 12 grains a day were taken, while galvanism was for a time given by Dr. Knapp.

On the 17th of April, three months after her first visit, she reported that she was feeling very much better and took more interest in current events. Her memory had improved and she spoke and moved more rapidly. Pain in the hands had greatly diminished, so that she slept well at night, but her joints still felt stiff. Her grasp was firm, and she was able to do her own washing and ironing, even to wringing out the clothes with her hands. The "puffing" in her ears was gone and the palpitation of the heart better. There was much less puffiness about the eyes and no pitting over the ankles. She had lost over twenty pounds in weight, but felt stronger than for many months.

From this time to the present her general condition has remained practically the same or possibly has slightly improved. She has been able to do all her own housework, even to the sewing, and has also gone out on one or two occasions in the capacity of monthly nurse. Her mental condition is normal except that she complains that her memory is still somewhat defective. Her weight is still further reduced so that she now tips the scales at 146 pounds, but there has been no change in the measurements of her hands or feet. The longitudinal furrows on her nails are, however, less marked and her tongue shows a considerable diminution in size. The mucous growths in the nose have disappeared and the nasal passages are unobstructed. During last June she suffered for a time from very severe vertical headaches and she has had occasional attacks of palpitation and vomiting, which were apparently due to an overdose of thyroid extract, which she has taken almost continuously in daily amounts varying from three to nine grains. The temperature, which was taken only at infrequent intervals, ranged from 98.5° to 99.2°, more commonly the latter.

The history of the case and the marked physical changes leave little doubt that we were dealing with a case of acromegaly, but certain anomalous symptoms, such as the puffy conditions of the eyelids, which may however, have been simply the result of anemia,

though its appearance was somewhat different, the slow speech and the altered mental state suggested that her condition was also associated with a loss of function of the thyroid gland, which was strengthened by the fact that it could not be felt even after she had lost considerable flesh, and the decided improvement following the administration of thyroid extract. The direct effects of treatment were seemingly apparent in the loss of weight, the diminished trophic disturbance of the nails, the decreased size of the tongue, the disappearance of the mucous growths in the nose, and perhaps also, if Schaefer's observation is correct, that the thyroid secretion dilates the blood-vessels, in the cessation of pain in the hands; but in the latter case it is somewhat doubtful how far this result was due to the action of the remedy and how far to the diminishing influence of the climacteric which she had recently passed and which may have been a more or less potent factor in causing pain from the vasomotor disturbances incidental to it. The other treatment employed consisted of tonics and the careful regulation, so far as possible, of her diet and general hygiene.

Regarding the etiology of the case, the condition of her brother, as she describes it, is interesting as showing a possible family taint, which has not been observed in any of the reported instances; but the facts are too meagre on which to base even a probable diagnosis, and as he lives many miles away no more definite information could be obtained. In her own history no adequate cause could be found. It is true that she dates her symptoms from the time when she was struck with a flat-iron, but the nervous shock which this produced simply called her attention to a condition which had imperceptibly come on, as a photograph taken some months at least before the accident, shows that quite marked changes had already taken place.

Medical Progress.

REPORT ON DISEASES OF CHILDREN.

BY T. M. ROTCH, M.D., AND A. H. WENTWORTH, M.D.

DIABETES MELLITUS IN CHILDHOOD.¹

THE author collected 108 cases from the literature which was tabulated. A review of the table shows that 48 of the patients were females, 47 were males, and of the remaining 13 the sex was not stated. In six of the cases, the age was not given. Three were under one year; 26 between one and five years; 31 between five and ten years, and 42 between ten and sixteen years. Traumatism was supposed to be the cause in 11 cases; unfavorable hygienic surroundings in seven; severe illness in four; difficult dentition in two; taking of cold in two, and over-exertion in two. Poverty, fright, worry, convulsions, are all considered to be causes. Heredity and a neurotic family history play an important rôle in the etiology. In 12 cases the parents or near relatives had diabetes. In two cases the father had syphilis.

The symptoms in children are very similar to those met with in adults. The amount of urine passed in twenty-four hours, as a rule, ranged from one and one-half to fourteen pints. In two cases the amount was ten quarts. One of these was a fourteen-year-

¹ Wegeli: *Archiv. f. Kinderheilkunde*, 1895. B. xix, H. 1, 2; *Archives of Pediatrics*, February, 1896.

old boy; the case was fatal. The other was a ten-year-old boy, who improved under treatment. The largest amount passed in twenty-four hours was twelve quarts. The patient was a fifteen-year-old boy. The illness was of twenty-one months' duration. Death resulted from general tuberculosis. In this case, 1,240 grammes was the amount of sugar voided in twenty-four hours. The urine was examined for albumin in 28 cases; in 13 it was present. It usually appeared a short time before death. An important, and for the prognosis, an unfavorable symptom is the presence of acetones in the urine. This was found in 19 of the author's cases, and was followed by death in nearly all.

An important symptom was discovered by Ebstein, who found in the urine drawn from a girl while in diabetic coma, short, thick, granular casts. Kulz and Aldehoff found similar casts in 20 cases who were in diabetic coma. They were only found a short time before the convulsion, and are considered by the author to be an important sign of threatened attack. The prognosis is most unfavorable.

Of the 108 cases, 69 died. Of the remaining cases, not all are to be considered as having recovered, because many passed from under observation and were lost sight of.

ASCARIS LUMBRICOIDES IN THE LIVER OF A CHILD.²

At the autopsy held upon a ten-months-old child, a mass of round worms was found in the intestines. One was found in the ductus choledochus, another in the gall-bladder. In the upper portion of the left lobe of the liver, a small bile-duct was found dilated to the size of the little finger. In it were three of the ascarides. In the right lobe there were three similar dilations and all filled with the ascarides.

During life there were no symptoms which pointed to the presence of the ascarides.

SOME NON-MEDICAL SUGGESTIONS IN THE THERAPEUTICS OF EPILEPSY.³

Probably no morbid condition repays wise management better or quicker than epilepsy. The ideal home for the epileptic cannot be in the house of his parents for many reasons. Many cases must be removed to an asylum, such as the Craig Colony of New York State, if they are to receive the care they require.

The ideal home of the epileptic must be equipped with a gymnasium and a system of baths, especially the so-called "rain-bath," which is perhaps the best and only one needed; the value of the Turkish or Russian baths has not yet been determined. Next in importance, as additional resources, are methods of employment, such as all light trades, broom and brush making, wire working; besides, if possible, the manifold duties of the farm. An epileptic who is interested and employed will have fewer spasms, all things being equal, than an unemployed one whose time is principally taken up in contemplation of his unfortunate and well-nigh hopeless condition, albeit, he may be under medical treatment.

Over-eating is almost universal among these unfortunates, especially when feeble-minded. It is neces-

sary to teach them to eat properly. Coincident with regularity in evacuations of the bowels and free flushings of the kidneys, is noticed a striking diminution in the frequency and severity of the spasms. With the disappearance of the unhealthy development of adipose tissue and the general clearing up of the symptoms of over-feeding, is seen usually a brightening up mentally; and all this without the use of bromides or other medicines aside from cathartics and the free use of water, internally and externally.

Epileptics are prone to suffer from obstinate constipation, which is extremely difficult to overcome by ordinary treatment. The acne of those who are taking the bromides constantly is in many cases due as much to irregular action of the bowels as to any direct effect upon the skin by the drug. This constipation, skin trouble and depression seen in some cases where larger doses of the bromides are being given, may be cured in most cases by gymnastic and other active exercise, and there is rarely a case so stubborn that it is not at least benefited.

That diet and exercise are but subsidiary means in the treatment of epilepsy must be admitted; that they are valuable corollaries to such drugs as may be prescribed, is equally true. But unless properly prescribed and administered, their therapeutic value diminishes. The older and chronic cases are beyond cure and almost beyond amelioration. There are many children who might be cured if taken in time, removed from home environment and placed under discipline, carefully studied physically and mentally, thoroughly drilled in exercises calculated to increase muscular development and to develop muscular control, with less attention paid to teaching book knowledge and more attention paid to training in habits of obedience and decorum. Certainly the care of the incurable would become a simpler problem.

It may be reasonably concluded that diet and exercise are important auxiliaries in the treatment of epilepsy; that diet should be, as the term implies, food prescribed by a physician; that an extreme opinion either for or against a dietary consisting entirely of nitrogenous matter or, on the other hand, strictly vegetable, is entirely wrong. A middle opinion, which will give the patient thorough study and afterward arrange the diet according to the patient's needs, is the proper theory. Exercise should also be prescribed by a physician and followed out under his eye as far as possible, particular attention being given to exercises calculated to develop respiratory action, strengthen the heart and generally promote muscular control.

VARICELLA OF THE LARYNX; SUFFOCATING VARICELLOUS LARYNGITIS.⁴

CASE I. A boy of three years was admitted with the symptoms of croup, having been ill three days. The throat was red, and the tonsils slightly swollen. No membrane present in nose or throat. Injection of anti-diphtheritic serum had no effect upon the dyspnea. Two days after the first observation, three or four small papules were noticed on the hand, neck and abdomen. The following morning the child appeared to be much worse, and tracheotomy was performed. No membrane was found. The efflorescence had spread, and became characteristic of varicella; but at no time did more than ten or twelve lesions exist. It was

⁴ Marfan and Halle: *Rev. Mens. des Maladies de l'Enfance*, tome xiv, No. 1; *Archives of Pediatrics*, April, 1896.

² Krassnobajew: *Jahrbuch f. Kinderheilkunde*, 1895, B. xl, H. 2, 3; *Archives of Pediatrics*, March, 1896.

³ Fort, S. J.: *Journal of American Medical Association*, 1895, vol. xxv, No. 26; *Archives of Pediatrics*, March, 1896.

learned that the patient's younger brother (at home) was attacked by varicella at this time.

Tubes inoculated from the throat, and also from the trachea, showed no colonies of the Löffler bacillus. The temperature throughout ranged from 37.6° to 39° C, and the canula was removed three days after the operation. Recovery was complete.

CASE II. A male infant, nine months old, covered with a characteristic and very confluent varicella efflorescence, showed very pronounced supra- and infra-sternal recession, but no trace of asphyxia. The throat contained neither pseudo-membrane nor varicella papules, and there was nothing in the lungs to account for the marked difficulty in breathing. There was a hoarse cough. After two days the dyspnea disappeared, without operation. No colonies of Löffler's bacillus were found in tubes inoculated from the throat. Anti-diphtheritic serum had been injected soon after admission.

The varicella efflorescence disappeared, but the child died of acute diarrhea and broncho-pneumonia eight days after he had first been seen. At the autopsy, an ulcer was found in the larynx, situated upon the posterior portion of the right lower vocal cord; it was as large as a lentil, round, and involved the mucous membrane only.

In both of these cases varicella of the larynx caused stenosis, the symptoms of which resembled those of true croup. The only other case of varicella of the larynx published up to this time was accompanied by spasm of the glottis without symptoms of laryngitis (Ollivier and Boucheron's case).

The laryngeal lesion of varicella usually appears early, either at the onset, or very shortly afterward. This fact is an aid in differentiating from laryngitis due to secondary infection, although only a bacteriological examination can justify the exclusion of a co-existing diphtheria.

CIRRHOSIS OF THE LIVER IN A CHILD.⁵

The author reports the case of a child, six years old, who had been under his observation for three years. The liver extended to two inches below the umbilicus. The abdominal veins were dilated and the spleen was enlarged. Ascites was present to such an extent that tapping had to be performed thirty-six times in the course of the year. There was neither albuminuria nor icterus. The child died with pleurisy. Upon autopsy, adhesions were found everywhere, the left pleura to the pericardium, the stomach to the liver. The peritoneum was thickened, and the abdominal cavity filled with ascitic fluid. There was perihepatitis and perisplenitis. Microscopically, the liver showed interstitial hepatitis.

THE TREATMENT OF HYPERPYREXIA IN CHILDREN.⁶

The author reports a series of cases treated by apolysin. He believes that fever does not, as a rule, require antipyretic treatment unless it ranges very high, or unless the child seems seriously affected by it. The diseases selected for observing the effect of the new drug were chiefly pneumonia, typhoid fever, rheumatism and measles. Five grains may be given to a child one year old, to be repeated every two or three hours. If no effect is observed after two or

three doses, the amount may be doubled. As a rule, however, five grains are sufficient at one year, with one grain added for each additional year. It may be administered with sugar, or may be made into suppositories and administered per rectum. The author observed no disagreeable effects whatever. The drug was well tolerated by weak stomachs. No subnormal temperature was noted. Fever was reduced with ease, the pulse showing no change in rhythm or frequency. The drug was administered to 38 cases, eight of which are reported in detail.

DIAGNOSIS OF PULMONARY TUBERCULOSIS IN INFANCY BY MEANS OF TUBERCULIN INJECTIONS.⁷

The author alludes to the importance of an early diagnosis of tuberculosis in infants both for the infant's sake and other members of the family. The diagnosis is often difficult or impossible from the general symptoms. The injection of tuberculin is the only means of making a certain diagnosis. Injections of one-twentieth of one milligramme, given subcutaneously, are followed by a pathognomonic reaction in cases of tuberculosis. In twenty cases subjected to this test by the author the reaction was never severe. The symptoms consisted of dryness of the mouth, headache, redness of the face and a feeling of constriction in the chest. In view of these facts, the author concludes that the prudent employment of this means of diagnosis will give good results as regards prophylaxis and early treatment of pulmonary tuberculosis.

Reports of Societies.

ASSOCIATION OF AMERICAN PHYSICIANS.

ELEVENTH ANNUAL MEETING, WASHINGTON, D. C., APRIL 30, MAY 1 AND 2, 1896.

(Concluded from Vol. CXXXIV, No. 26, page 650.)

SECOND DAY. — CONCLUDED.

IDIOPATHIC OSTEOPSATHYROSIS IN INFANCY AND CHILDHOOD,

by DR. J. P. CROZER GRIFFITH, Philadelphia.

Osteopsathyrosis, or fragilitas ossium, is a comparatively rare condition at any time of life, or dependent upon any cause. It is far most frequent in advanced years, and is then due to an atrophy of the osseous structure. At other periods of life it may be symptomatic of other affections, such especially as certain nervous diseases, osteomalacia, rickets, etc.

There are still a number of cases remaining which may be called idiopathic, since they can be traced to no recognizable cause, and, as most of them are not associated with any atrophy or other visible pathological alteration of the bone. Some of these occur in youth and adult life, but the writer confines himself to those developed in early years and reports a case in point.

This was a boy who had several fractures, occurring at or soon after birth, and who, up to the age of two years, had suffered in all seventeen or eighteen fractures. The slightest cause was sufficient to produce them, and it was necessary to keep the child upon a stretcher, so great was the fragility of the bones. The general health of the subject was good,

⁵ D'Espine: Jahrbuch f. Kinderheilkunde, B. x1, H. 2, 3; Archives of Pediatrics, April, 1896.

⁶ Fischer, Louis: Medical Record, 1896, vol. xlix, No. 8; Archives of Pediatrics, May, 1896.

⁷ Gaffie: Thèse de Paris, 1895; Rev. Mens. des Maladies de l'Enfance, tome xiv, Mai, 1896.