

These children were found short of weight as compared with children of non-tuberculous parents. Enlarged thoracic veins seem to be a fair sign of compression of the main trunks by enlarged glands or adherent pleura. Among the 692 children 67 per cent. had swollen cervical glands. These were for the most part non-tubercular. Enlarged tonsils and adenoids were found in 58.6 per cent. Fislberg agrees with Simon that these hyperplasias have nothing in common with scrofula and tuberculosis. The external stigmata of tuberculosis such as tuberculides, phlyctenula, etc., were exceedingly rare in this series. The tuberculin test was applied to all the children, using crude or concentrated tuberculin and the von Pirquet method. Of the 692 children, 465, or 67.25 per cent. gave a positive reaction. The proportion of positive reactions during the first year was 15 per cent., at two years, 55 per cent., increasing steadily to 74.5 per cent. during the eleventh to the fourteenth year, and reached 83.79 per cent., counting the 37 children at fourteen years alone. Of the 692 cases, 65 showed symptoms and signs of active tuberculosis.

Etiology of Intestinal Catarrh in Infants.—KARL BAERTHLEIN and WALTER HUWALD (*Deutsch. med. Woch.*, 1914, xl, 418) investigated the flora of the intestinal tract in infants to determine the type of bacteria present in health and in diseased conditions of the bowel. The three classes of cases examined were (1) infants with intestinal diseases only; (2) as controls, infants with pneumonia, meningitis, hydrocephalus, syphilis, and diphtheria; and (3) 100 healthy infants. The average age was from a few days to one year. The cultures were made from material taken from the bowel by means of sterile glass tubes. The investigation was made during the summer and continued to December. Out of 72 cases of primary intestinal affections, 21 showed bacteria belonging to the dysentery group, 7 showed paratyphoid-B bacilli, and 12 showed the *Bacillus pyocyaneus*. Among the 72 cases the feces in 40, or 55.5 per cent. showed pathogenic bacteria. Among the control cases suffering from other diseases and among the healthy cases, but 1 case in a healthy child, showed bacilli of the dysentery group. The colon bacillus was found in 38.5 per cent. of the intestinal cases, 26 per cent. of those otherwise ill, and 12 per cent. of the healthy cases. *Bacillus proteus* was found in 21 per cent., 34 per cent., and 6 per cent. of the cases respectively. Organisms similar to the paratyphoid-B bacillus appeared in 13 per cent., 2 per cent., and 14 per cent. of the cases respectively. The 21 cases of intestinal disease showing bacilli of the dysentery group were the most severe, in their clinical symptoms, of the whole group, and 11 of the 21 died. In a number of cases the dysentery bacillus was found after death in the spleen and gall-bladder.

The Occurrence of Apical Tuberculosis in Children.—ERICH SHIKA (*Wien. klin. Woch.*, 1914, xxvii, 173) sketches first the adult type of tuberculosis which in the majority of cases begins in the apex of the lung. He recalls the insidious onset of the disease, the anorexia, gradual loss of weight and strength, the changes in the lung almost imperceptible at first, then gradually developing frankly into the physical signs of an apical tuberculosis. By a natural comparison the same

general symptoms in children are taken to mean apical tuberculosis by many physicians and faint or imagined changes in the percussion note or breath sounds at the apices in a child with pallor, anorexia, and poorly nourished body, are sufficient evidences to make a diagnosis of apical tuberculosis. But since the Röntgen ray has been utilized in the diagnosis of pulmonary conditions the difference between the diagnosis, clinically made and the actual condition in the lung, has become manifest, and it has been shown that most of the diagnoses of apical tuberculosis are wrong. Shika here differentiates between the apex of the lung and the upper lobe, which latter may be the seat of a tubercular process. But upper lobe tuberculosis is not a beginning condition in children, it is a terminal condition, almost always associated with the severe constitutional symptoms of a "tuberculously old" child. In six years of x-ray work devoted exclusively to children, Shika has found but three cases of apical tuberculosis. These were all in older children of twelve or thirteen years. Errors of diagnosis usually came under two groups: (1) cases in which the x-ray showed normal lungs and normal skeletal development of the thorax; (2) cases which showed changes in the lung or the thorax or in both. The majority of Shika's cases of wrong diagnosis fall in the first group, showing normal lungs and thorax. The type of child in which most frequently the erroneous diagnosis of apical tuberculosis is made, is that in which occurs rapid growth in length, slow growth in width, poor muscular development generally, thereby giving to the thorax the long and narrow appearance which is identified in the adult as the *habitus phthisicus*. The pallor in this type of child is a pseudo-anemia and due to abnormal blood distribution. The irritability of the nervous system is characteristic and the physical resistance is naturally poor. Bronchial catarrh is frequent, and the elevation of temperature in the evening so often seen is really due to muscular or nervous fatigue. On all these signs the erroneous diagnosis is most frequently made, while the x-ray shows almost always that the lungs are sound.

Epidemic of Dysentery in Little Children.—E. KEUPER (*Munch. med. Woch.*, 1914, lxi, 474) discusses dysentery in general and reports an epidemic of this disease. Epidemics of dysentery in adults have been frequently reported in which the organism was of the so-called Y-type and of the Flexner type, grouped under the term *Bacillus pseudodysentericus*. Pseudodysentery is less severe than the real dysentery, and often occurs sporadically. There have been very few epidemics of this disease reported as occurring in children. A number of investigators have only found the pseudodysenteric bacillus in those cases in which the stools showed pus and blood. Keuper reports an epidemic of 20 cases in children from a few months to five years old. The usual severe symptoms of rapid loss of weight, frequent stools containing mucous and blood and great prostration prevailed. All showed a trace of albumin and cylindroids. Six of the children died, 4 of them being under ten months old, and succumbing to hyperpyrexia and convulsions. One case died of an intercurrent pneumonia, and one case, aged five years, died from sarcoma. The *Bacillus pseudodysentericus* was found in the greater majority of cases. The incubation