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[No. 5

TUBERCULOSIS IN CHILDREN

Food Poisoning by Tuberculous Milk.

Dr. Charles McNeil, of Edinburgh, read the morning paper in the Diseases of Children Section on July 24th. Under the title of "Tuberculosis in early childhood," Dr. McNeil paid a great deal of attention to preventive measures and attacked one or two widely prevalent ^{repar.} ^{snack} ^{resies.} The greatest impetus toward the prevention of tuberculosis had been the conviction of the medical mind that the disease was a contagious one, transmitted from one individual to another, and the gradual persuasion of the body of the people of this truth, he said: Another demonstration, hardly less powerful towards prevention, was that the disease in cattle could be transmitted to man through the milk. Yet the old hearsay that tuberculosis was hereditary, fatally transmitted from parents to children still lingered in the minds of many, blinding them to the real dangers.

The milk problem was complicated. The existence of tuberculous milk was the greatest and most serious example of food poisoning in the country giving Great Britain a "bad

eminence" in the matter over almost every other great State in the Old and New Worlds. There was no general agreed policy, national, municipal, or private, to meet the danger. Until our dairy cattle were free from tubercle, there were two ways of dealing with the situation. Either it was for the public health authorities to supervise pasteurisation of all milk supplies for young children or the medical profession unanimously to recommend the boiling in the home of all milk for children. The key to the problem of pulmonary tuberculosis in childhood lay in the early detection of cases of phthisis in the middle period of life, in their isolation, in their instruction in hygiene, and, above all, in the reduction of their numbers, Dr. McNeil concluded.

In an early reference to abdominal tuberculosis, Dr. McNeil commented upon the variation of its frequency in different towns and districts in the British Isles. In all areas the greatest number of deaths fell within the first five years of life, he said. In Scotland the number of deaths was relatively higher than in England. Throughout Northern England and all Scotland it was a grave problem. In early childhood primary abdominal tuberculosis was a milk infection, as also a large majority of tuberculous glands of the neck, and at least a third of tuberculous bones and joints. A high death-rate and case incidence of abdominal tuberculosis in any area were a reliable index of widespread infection of the milk supply with tubercle bacilli.

X-Rays and Diagnosis

Professor Doctor Martin Haudek, of Vienna, gave paper upon the use of X-rays in the diagnosis of early carcinoma of the stomach. A considerable degree of certainty could now be claimed for the results of precise examination by X-rays. But unfortunately a good many doctors believed that the apparatus was the important thing. The X-ray

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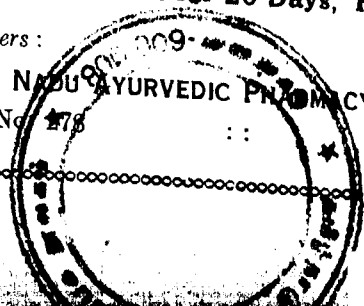
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specialist must, in fact, arm himself with a thorough basic knowledge of pathological anatomy and internal medicine, and on the other hand, a physician or surgeon who used X-rays independently must be familiar with radiology. Serene examination must be supplemented by photography: the diagnosis of early carcinoma, bound up as it was with the relief pattern of the mucous membrane, was unthinkable apart from radiograms.

Treatment of Asthma

In a paper on the pathogenesis and treatment of asthma. Dr. Arthur F. Hurst, senior physician to Guy's Hospital, said it was clear that the only true cure for asthma would be to abolish the aptitude by bringing the biochemical constituents of the body fluids to their proper level. Removal of exciting factors might bring about an apparent cure, but the effects of desensitization and avoidance of the exciting cause, such as cats, feathers, pollens, did not diminish the tendency to asthma on re-exposure. Two forms of treatment appeared to attack the condition. Diet had been successfully applied to children, and residence at a height of over 4,000 feet was effective with 90 per cent of asthmatics. Residence in the Alps for several years had been known to cure children permanently. It was not known why altitude should have this effect.

The results of treating 102 patients with pulmonary tuberculosis with sanocrysin at the Forster Green Hospital, Belfast, were described by the medical superintendent, Dr. B. R. Clarke. Where sanocrysin was well tolerated, there followed beneficial results in a high proportion of cases. In the majority tubercle bacilli had disappeared from the sputum. Often there had been a rapid clearing up of the X-ray picture. It might be said that sanocrysin was a valuable aid to the treatment of the lungs, but it was certainly not a cure for tuberculosis of the lungs.

Epilepsy and Heredity

One of the points which was considered by Dr. S. A. Kinnier Wilson, of the National Hospital for Paralysed and Epileptic, in a paper on the problem of the epilepsies was the inheritance of Epilepsy. The hereditary factor, he considered and the personal factor under-rated. It was time some protest should be unitedly voiced by neurologists against this supposition of inheritance and consequent incurability. The condition was, in fact distinctly rare among siblings. Dr. Wilson described the epileptic disorder as the disorder of the neuronic mechanism without question; not of any specific mechanism but of the individual's neural network in one or other of its parts. This view was unassailed, if not unassailable. The secret lay in the qualities of the neural mechanisms exhibiting discharge. He concluded with a short review of the well-known influence of attacks of fever upon epilepsy.—*The Manchester Guardian*.

TRUTH ABOUT TEETHING TROUBLE

Many Fallacies Exposed

The appearance of teeth is by far the most important episode in the first two to two and a half years of Baby's great adventure in life.

Poor teeth! Everything that goes wrong with the little one from just plain being cross to convulsions and dysentery is blamed on cutting his teeth. Why should a natural process cause so much disturbance? The answer is quite simple. Much of the disturbance is not due to teething at all but to indigestion due to wrong feeding and poor hygiene. Of course at this time Baby's reserve is at a low ebb and he is much more

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The general symptoms of this disease are too well known but there are a hundred and one minor symptoms every one of them frightful and sorry.

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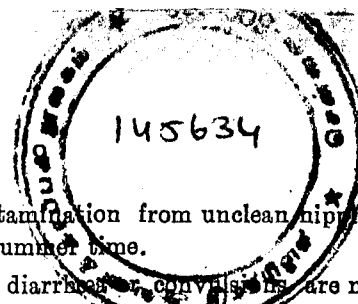
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apt to be affected by contamination from unclean nipples, bottles or our milk if it is summer time.

Green stools, vomiting diarrhoea or convulsions are not the normal accompaniment of teething. If they do occur be sure that something more than just teething is the trouble.

Dysentery is very fatal to young children and is often not recognised as such because of the mistaken idea that all children have a hard time when cutting their teeth.

The common idea about teeth was aptly expressed by one of my patients: "Teeth seem to be an after-thought on the part of nature. They are painful to get, painful to get rid of and worse than painful if we do not get rid of them by the time we are fifty."

How far this is from the real truth about our teeth! And yet I feel sure a large number of my readers have thought pretty much the same thing. Thus writes Dr. Cornelia J. Browne in "*Physical Culture*."

Good Teeth, a Legacy

The teeth of wild animals and primitive peoples appear without disturbance and last until a good old age. Our ultra-refined and devitalized food is the cause of our difficulty with our teeth. The diet of the expectant mother must contain the mineral material to form normal teeth for her child otherwise they will be delayed in the time of their appearance. Most of the overlapping and other irregularities of dentition are due to this mineral deficiency and the lack of hard things to chew in order to develop and widen the jaw.

When one thinks of the time spent in a dentist chair, not to mention the money it costs for fillings and bridge work, the hours of misery caused by toothache, which by some twist of fate always occurs on a holiday or in the wee hours of the night when dentists are far from their office.

34
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phones, sound teeth are a real legacy for a mother to hand on to her child.

If the expectant mother has been on the right food and Baby is here, he should cut his first tooth, in fact his first two teeth any time between the fifth and ninth month. These are the two lower incisors, right in front on the lower jaw, if you recall the baby dolls of your own childhood days they were usually showing these two lower teeth.

Symptoms of Teething

How will you know when Baby is going to start cutting his tooth? There is no fixed rule. Even perfectly normal babies have a way of their teeth. Poorly nourished babies, and those who have been very ill, will present all sorts of variations in the time and manner of cutting their teeth.

If you watch Baby, certain symptoms usually denote teething. First comes drooling which is due to the increase of saliva. Next comes the swelling of the gum. With the swelling comes heat and a certain amount of discomfort. This causes Baby to put his fingers continually in his mouth. If his nerve reserve is low he may become peevish or fretful. He may even run a degree or so of fever. These symptoms should last only four or five days. The weight is usually held back at such a time and even a perfectly normal child seldom gains weight for a week or two after cutting a tooth.

How can we help Baby at this time? First of all give him plenty of sips of cool water. If there is loss of appetite do not force Baby to finish his bottle. If the bowels are a little loose put him on barley water for twenty four hours and gradually return to his regular schedule. If there is much fever or undigested food in the stool give plain boiled water for twenty four hours.

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13

When the tooth is almost through you can often rub it through placing a fair thickness of gauze of your finger and then rub directly over the tooth until the skin is penetrated by the tooth. After that let the tooth work its own way.

Nature having gotten the first the teeth through rests a spell and then she usually starts the four upper 'cisors on their way, so that by end of the first year Baby has teeth. As a rule breast fed baby cut their teeth earlier than bottle fed.

Remember each baby is a "law unto himself", and if your baby is twelve months old and has not his six teeth do not be alarmed. However it is important that the mineral salt such as orange juice, tomato juice and raw cabbage juice, diluted, should be increased in his diet.

From the twelfth to the eighteenth month six more teeth will appear, the remaining lower incisors first. However, some babies cut their first molars before these lateral incisors, as they are called. Two molars in both upper and lower jaw and the dozen is complete.

Between the eighteenth month and the second year come the two upper canin or "eye" teeth, then the two lower canine or stomach teeth. He should be on three meals a day by this time and have plenty of hard food to develop his jaw and exercise the gums. He has sixteen teeth now and must be in training to cut the last of his first or milk teeth which are twenty in all.

Between two years and two and a half years usually come the four second year molars, the last two upper teeth, on each side, and two lower, one on each side. These are very important teeth. They are the grinders and on them fall the heaviest work in chewing. If they are not watched they are liable to decay and once pulled the jaw will strink and cause the permanent teeth to come in irregularly.

Keep Fit By Chewing

Thorough chewing is the secret of keeping the teeth fit. The pound pressure we exert on the teeth with hard chewing has been estimated at from one hundred-pounds. This ensures a good circulation of blood to the jaws, teeth and salivary glands.

Many mothers fall into the habit of giving their children a piece of candy at the close of a meal. This is a bad practice for the teeth. Candy causes an acid fermentation around the teeth and this is one of the major causes of tooth decay. A hard crust or some fresh fruit is the best thing with which to end a meal as it stimulates the alkaline saliva which is Nature's protection to the teeth. Don't give your little ones, or the grown-ups of your household either for that matter, too much soft food. Teeth were given to be used. In addition to depending on the tooth brush you depend on the hard foods and thorough mastication, the teeth will be the gainers.

The second or permanent set of teeth are already in the jaw. There are thirty-two of these teeth. From the two and a half to the sixth year when the permanent teeth start their appearance, the jaw must be developed and prepared for the additional teeth.

The looks, the comfort and the digestion are vitally conditioned by the care of the first or milk teeth.

Don't fall back on the line of least resistance by believing that because you or your husband, your parent or grandparents had poor teeth, your children will inherit poor teeth. What you ate and how you ate it and what you give your child to eat and how you make him eat it far outweighs any inheritance.

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