ABSTRACTS OF THE CURRENT LITERATURE

THE NEWBORN


In 1950, 1330 newborn infants were B.C.G. vaccinated by doctors from the children's hospital, Martinavej, while 829 were not vaccinated. 0.1 ml. B.C.G. vaccine (0.075 mg. / 2) was given 3-5 days after birth in each deltoid region without previous X-ray control or tuberculin test. The mothers were requested to attend the hospital about two months later for Moro-reaction and possible complications. In cases of non-compliance—information was gathered about these points either by directly writing to the mother or through the records of public health nurses or from hospitals where the children had been admitted later on. Two months later, Moro-reaction was seen in 1199 of vaccinated cases and only 11 cases (0.9%) were found negative. Of the 1199 vaccinated 33 (2.75%) developed abscesses within one year of vaccination. There was no difference in the weight gain during the first half year of life between the B.C.G. vaccinated and non-vaccinated group of infants.

S. N. BASU.

INTERNAL MEDICINE


In order to accurately analyse the sex differences in skin reactions in different age groups and with different allergens, an investigation by the 'scratch test' with a considerable number of allergens (inhalants and food-stuffs) was carried out on 833 children with the diagnosis of bronchial asthma and or asthmatic bronchitis. Many of the children were tested two to several times at intervals from half a year to three years. 18,000 scratch tests were done (12,000 in boys and 5,900 in girls) with 9.5% positive reactions in boys and 7.3% in girls. Only definitely urticarial, sharply and irregularly delimited immediate reactions were registered as positive.

The analysis of the reactions with the individual allergens in different ages are very illuminating.

It was found from the above investigations that asthmatic boys in all age groups, and with almost all allergens reacted more often positively to scratch tests than did asthmatic girls.

A definite cause for the sex differences demonstrated in the present and earlier papers has not been given, but hormonal difference has been suggested as the cause.

The literature is briefly reviewed.

R. MISRA.


This paper is the report of a clinical trial carried out over a period of two and a half years to determine whether the application of adhesive strapping to umbilical hernias (occurrence 1:6 in English babies) affected the natural cure rate. Though according to various authors this condition cures spontaneously during the first few years of life; in spite of this there is a difference of opinion among authorities concerning methods of treatment. General agreed opinion is to postpone the operative treatment till 3 years of age but there is little agreement about the advantages of mechanical reduction by the use of adhesive strapping. Regarding its efficacy authors are of divided opinion.
Only babies who were less than 12 months of age were accepted for the trial. Alternate cases of umbilical hernias were included, mongols, cretins and babies with general muscular hypotonia were also excluded. Hernias were diagnosed only if the protrusion at the umbilicus could be reduced easily by digital pressure and a defect in the linea alba was palpated.

The method of strapping was that of Gross using two pieces of two-inch non-elastic plaster and threading a tongue cut in one through a hole cut in the other and then applied over the reduced hernia keeping a gap at the back. A strip of three-inch plaster was then applied on top of the two inch plaster.

All cases were strapped for four weeks; the plasters changed at two-week intervals, the reduction of the hernia being maintained while this was done. Strapping was reapplied for a further two weeks and occasionally for another two weeks if the hernia was still of an appreciable size. Thus no case was strapped for more than eight weeks.

Of the 100 cases, hernia disappeared in 80 cases before 12 months of age and in 20 cases it remained even after 12 months of age. 51 babies had their hernias strapped and 49 served as controls. There were 66 males (34 strapped and 32 controls) and 34 females (17 in each group).

It was found that nearly all untreated umbilical hernias had resolved by 19 months of age if the protrusion was small; when the protrusion was more than $\frac{1}{2}$ inch in size strapping greatly increased the cure rate. Strapping after 6 months of age was probably useless and no advantage could be gained by strapping a hernia which protruded only $\frac{1}{2}$ inch or less and possible skin irritation made it inadvisable to do so.

The sex ratio of two males to one female in this series was unusual—other authors having found the incidence of umbilical hernia to be more in females than in males, the ratio being 2:1 (F:M) or 1:1.

The relevant literature has been mentioned and discussed. The results obtained have been well analysed.

R. Misra.


The literature on the subject is briefly reviewed. Few cases have been reported so far and there is a diversity of features of this disease in young patients. A case of glandular fever in a male infant of 6 weeks with detailed history, clinical findings and characteristic haematological and serological findings is reported. The patient's early progress was poor and feeds were frequently regurgitated. On the forty-second day of life he became listless and vomited forcibly. On admission he was found to be thin, apathetic, afebrile and not dehydrated. No enlargement of the lymph glands or spleen was noted. His condition improved within 72 hours. Regurgitation of feeds persisted intermittently. During the following 36 hours his rectal temperature was 101° F and during the succeeding 14 days it ranged between 97.6° F—100° F and then remained around 99° F.

After five days the spleen became palpable $\frac{3}{4}$ below the costal margin. On the eighth day after admission inguinal lymphadenopathy was noted. This subsided within eight days. No other lymphnodes were found to be enlarged except these of the occipital group. Splenomegaly persisted for two months. The liver was not enlarged.

The Wasserman reaction was negative at ten weeks. Urine showed no abnormality. White blood cell count showed a leucocytosis (26,000) with lymphocytosis (74%), a high proportion of abnormal forms characteristic of glandular fever cells and thrombocytopenia (4,000). Interesting points were the high titre attained in the Paul-Bunnell reaction in contrast to the minimal constitutional reaction and slight lymphadenopathy and the transient depression of the platelet count, with recovery in the absence of haemorrhagic manifestations.

That such trivial symptoms may occur in this condition suggests that it might not be uncommon at an early age.