

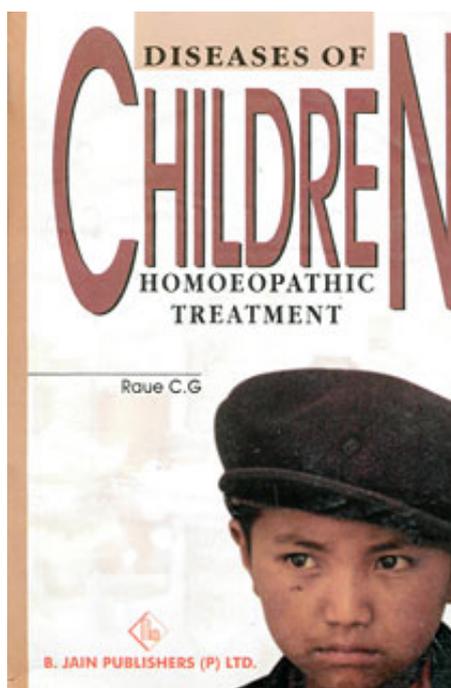
C. Sigmund Raue Diseases of Children

Extrait du livre

[Diseases of Children](#)

de [C. Sigmund Raue](#)

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CHAPTER II.

THE METHODS OF CLINICAL EXAMINATION.

The Periods of Infancy and Childhood; Morbidity and Mortality.—Infancy may be divided into three distinct periods, namely, the new-born, the period of early infancy and the dentition period. No sharp boundary lines can be drawn to separate these periods into distinct stages, as this classification is purely arbitrary and exists only for the sake of conveniently studying and grouping certain physiological and pathological peculiarities belonging to them.

Infancy may be said to terminate with the completion of weaning, and, although the entire teething period (twenty-four to thirty months) is sometimes spoken of as "infancy," still the majority of pediatricists consider this terminated at the end of a year, when the child should be able to take a certain amount of solid food and plain cow's milk. *Childhood* begins from this time on and extends up to the period of puberty (twelfth to fourteenth year in females; fourteenth to sixteenth year in males). Childhood, again, is divided into *early childhood*, or the milk-tooth period, occupying the first to sixth year and *later childhood*, the sixth to twelfth year, during which time most of the permanent teeth erupt and physical and physiological processes more closely attain to the adult type.

The Diseases of Infancy and Childhood.—While in many instances it is correct and permissible to speak of *diseases of children*, still a large number of diseases encountered in childhood are but the ordinary ailments that affect all mankind in general. Their course, however, is so modified by the immature or exaggerated anatomical structure and physiological activity of the child's economy that they differ in many respects from the type of the disease as seen in adults. Croup-

ous pneumonia, typhoid fever, enteritis, etc., belong to this group. Capillary bronchitis, spasmodic, croup, the exanthemata and a number of other contagious diseases belong almost exclusively to the period of childhood, while rickets and hereditary syphilis are distinctly diseases of children.

The new-born is particularly susceptible to septic infection on account of the open state of the umbilicus and the delicate nature of the epidermis. Besides, there are distinct pathological conditions belonging to this period. They are spoken of as the diseases and malformations of the new-born (*Neonatorum*).

The young infant is particularly susceptible to mycotic disease of the mouth (*thrush*) owing to the absence of normal buccal secretion. It may also develop capillary bronchitis or contract whooping cough or succumb as a result of congenital debility, hereditary syphilis or early tuberculous infection.

The teething period predisposes to gastro-intestinal derangements, although in this period of infancy a large number of infants succumb to broncho-pneumonia. Disturbances of nutrition belong to this period—marasmus, rickets, scurvy.

Childhood proper gives us the largest number of acute infectious diseases. The intermingling of children on the street and at school explains the prevalence of contagious disease at this period of life.

Mortality.—Nearly 10 per cent, of all infants die during the first month of life (Eröss). From a study of the death reports of New York City, Holt found that about one-fourth of all deaths occur during the first year of life and nearly one-third during the first two years. The causes for this high mortality are mainly congenital debility, improper feeding and the infections.

The largest number of deaths occurs from gastro-intestinal diseases, which are most fatal in the hot summer months. They furnish about 35 per cent, of deaths. Next come the

acute diseases of the respiratory tract, 21 per cent. Other prominent fatal diseases are whooping cough, 12 per cent; congenital syphilis, 10 per cent.; measles, 9 per cent. (ASHBY and WRIGHT.)

Growth and Development.—The rate of increase in the infant's *weight* is a safe criterion for judging of its progress, while continued loss in weight possesses distinct diagnostic significance. Absence of the regular weekly gain in weight implies improper feeding providing there are no signs of disease present. When not directly traceable to insufficient nourishment or indigestion we should suspect the advent of marasmus, or the beginning of a tuberculous meningitis, or general infantile tuberculosis.

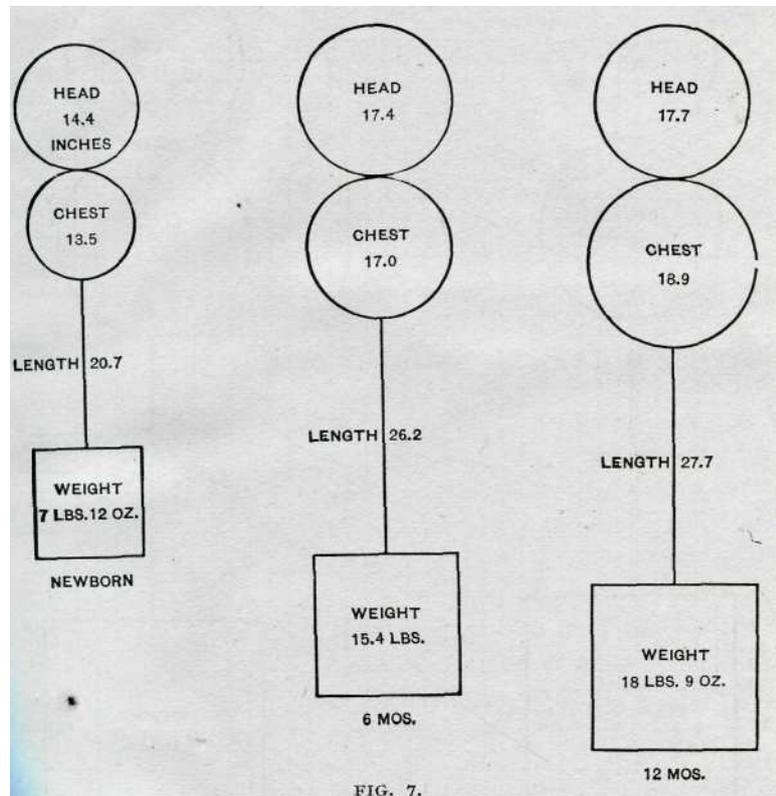
Progressive increase in weight cannot, however, be looked upon as an invariably favorable sign. It is well known that syphilitic infants often look fat and well nourished, but may, nevertheless, die very unexpectedly. Budin (*Annales du Med. et de Chir.*, June, 1900) has observed that infants suffering from various acute disorders may gain in weight suddenly and then die in the course of a few days. In some of these cases there is localized oedema and deficient urinary excretion. In febrile disturbances he has also noted increase in weight at times.

Hand in hand with increase in weight there should also be a regular increase in length in the normally developing infant. According to Schmid-Monnard there is an increase in length of three-quarters of an inch per month during the first year. The male new-born measures 50 c.m. in length; the female, 49 c.m.

During the first two months of life there is a gain of from 3 to 4 c.m. ; in the following three months, 2 c.m.; and in the last months of the first year, 1.5 c.m. At the end of the first year the total gain is 19 to 23 c.m. ; at the end of the second, 10 c.m., and during the third year, 7 to 8 c.m. The male slightly exceeds the female in length (MONTI).

The head has a greater circumference than the chest at

birth; at the middle of the first year the measurements begin to approximate each other and at the end of the year the chest grows larger than the head. A comparison of the circumference of the head with that of the chest, therefore, offers important clinical data. In rickets the head is some-

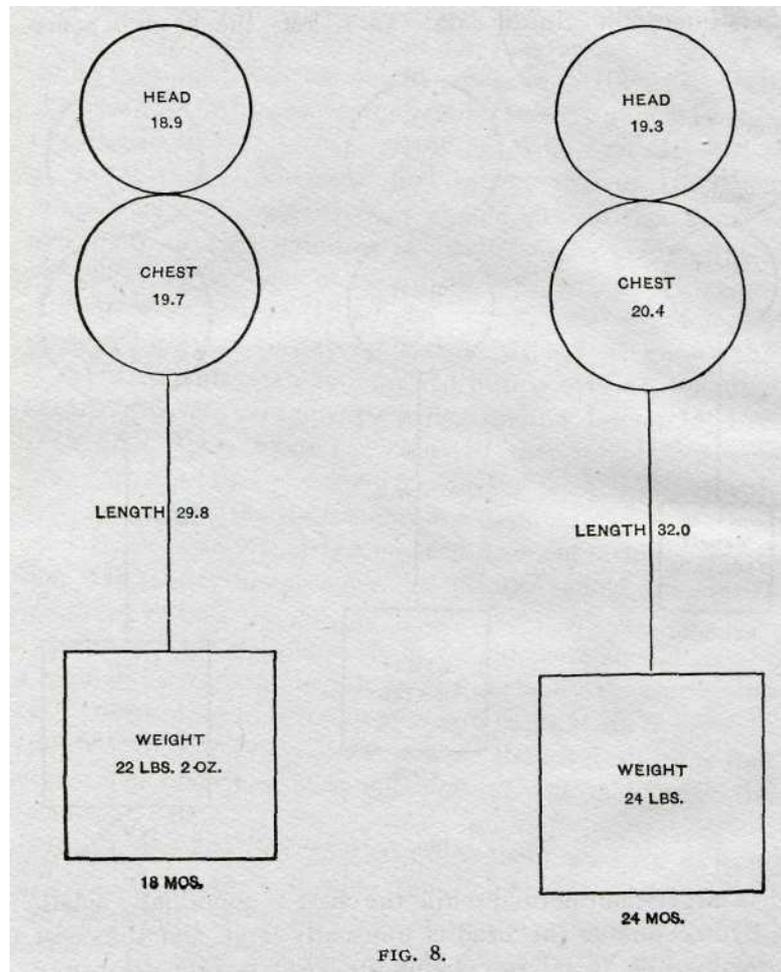


what larger than normal while the chest is abnormally small. In hydrocephalus the head is unusually large and the chest normal, while in microcephalus the head is proportionately much smaller than normal.

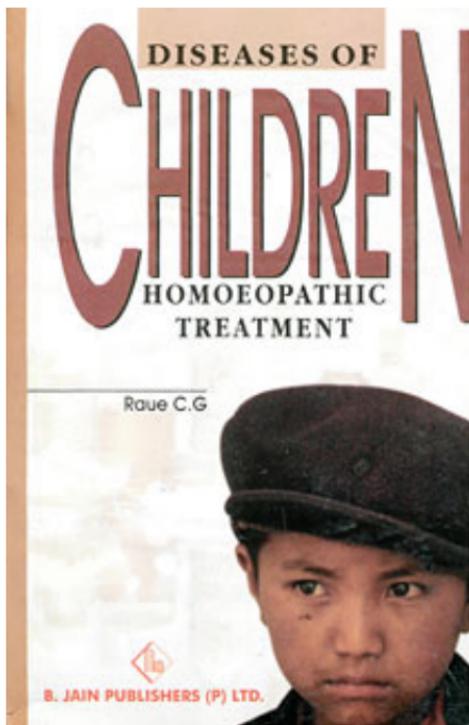
The diagrams shown in the illustrations (Figs. 7 and 8) have been constructed from the results of measurements of 200

healthy infants by Hedlicka and Pisek (Chapin's *Theory and Practice of Infant Feeding*, pp. 306 and 307).

The *initial weight*, roughly stated, may be said to double



itself in five months and treble itself at the end of the first year.



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