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## ACUTE PULMONARY TUBERCULOSIS IN A NEW-BORN CHILD.

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This case relates to a child who was born in M. Millard's wards at *Beaujon*, on the 20th December, 1876; during the first thirty days, in spite of an abundance of the mother's milk, she being a healthy woman of robust constitution, the child remained puny and sickly, and presented a rather obstinate purulent ophthalmia. Although the digestive functions did not appear to be affected, the face was pale, the mucous membranes colourless, the flesh flabby, and the child's weight only increased by from 12 to 18 grammes (180-270 grains) per day. It was only on the thirty-fourth day that the first symptom of the thoracic affection was manifested, this consisted in a cough which immediately assumed a whooping character with expiratory rhythm, but without true spasms: at the same time the appetite was lost, and the dyspnoea gradually increased from day to day. As local phenomena the following facts were noted: Sub-dulness in the right supraspinous fossa, rude and blowing respiration throughout the whole extent of the lungs with subcrepitant râles and a few scattered sonorous râles. During the following days, without any alteration in the thoracic symptoms, the digestive difficulties became aggravated, the child fell into marasmus and died on the 9th of March, 82 days from its birth, and 49 from the commencement of the pulmonary symptoms. The autopsy confirmed the diagnosis: broncho-pneumonia of diathetic origin. Both lungs were crammed with tubercles, some grey, others already yellow. At the right apex there existed a caseous nodule of the size of a pigeon's egg: there was found besides an intense generalized congestion, especially pronounced at both bases. The bronchial ganglia were hypertrophied and caseous. In no other organs was any trace of tubercular lesion found. To sum up, the case was one of acute phthisis limited to the lungs and bronchial ganglia, with a nodule of caseous broncho-pneumonia at the right apex, the whole appearing to have been evolved in the space of 7 weeks in an

infant aged 1 month. Cases of this kind are of great rarity. On the one hand the records of the *Société Anatomique* contain no analogous instances. On the other, the statistics of writers are all concordant upon this point. Rilliet and Barthez, in fact, say that in the new-born, and during the course of the first year, the tubercular diathesis is much more rare than at any other epoch of childhood. Such is also the opinion of Papavoine and of Valleix. M. Hervieux is not less positive. If we expect, he says, the very rare cases in which children are born tubercular, we may say that phthisis is scarcely ever developed before the age of 4 months. Out of 993 children on whom this physician has made an autopsy during his sojourn at the *Hospice des Enfants Assistés*, he has only met with two cases of tuberculosis in children under the age of four months. These figures acquire a special significance when we take into consideration the source from which they have been collected. To be brief, in this observation of M. Tapret, the problem of the etiology remains obscure. There can scarcely be a supposition of hereditary tubercular influence, since the parents were in excellent health, and of robust constitution. But it is important to bring forward the fact that the father had had, some years before the birth of the child, stains upon the body, and a rather obstinate sore throat. So, although no eruption was found upon the body of the child, nor was any phenomenon discovered which might be referred to pox, still it is impossible to eliminate the hypothesis of an hereditary syphilis. Moreover, it is known that many authors, and M. Bouchut in particular, have been disposed to see in tubercular phthisis of the new-born a manifestation of that diathesis.

Lastly, from what epoch did the tuberculosis date? Was it congenital, or did it, on the contrary, only commence to develop after the first month, the time at which the first thoracic symptoms became manifest? Nothing is rarer than tuberculosis at birth; nevertheless some cases of phthisis in the foetus are known (see *Obs. of Charrin; Lyon Medical*, No. 14, 1873.) This hypothesis appears to be the more probable, especially in view of the cachectic state