

sues, and is generally associated with more or less complete suppression of urine. The complication may appear early or late, and its severity is not dependent on the severity of the primary disorder.

PROPHYLAXIS.—The infant mortality from diarrhoeal disease of any city is in direct proportion to the ignorance of its inhabitants. As our knowledge of the etiology of these diseases has increased, it has brought with it increased possibility of prevention. In the last decade the infant mortality returns of most of the large cities in America show a definite downward tendency, due to better preventive methods being adopted on a large scale, and to improved methods of diagnosis and treatment.

Much can be done in the way of prevention by improving the general hygienic surroundings of children. In cities with overcrowded tenements and dirty streets these diseases flourish as soon as the heat of summer makes itself felt.

It is the duty of all civic health boards to provide open spaces or parks where children may play in the fresh air. These parks should be kept clean, and shelter should be provided by means of trees or pavilions from the direct rays of the sun.

Inspectors should be appointed whose duty it should be to visit houses in the crowded parts of the city and see that they are properly ventilated and hygienically satisfactory. By means of these inspectors pamphlets may be distributed giving information as to the proper care and feeding of infants and children during the hot season. In these pamphlets it should be made very clear that dentition is not a cause of diarrhoea, and that looseness of the bowels in infants is not a beneficial but a harmful condition, and should receive prompt attention.

The milk supply of all cities should be under the direct control of the civic board of health, and nothing is better established than the relation of impure milk to the causation of diarrhoea. It is not sufficient to enact that milk shall be confiscated and the vendor punished, when it is below a certain standard of food value. Of quite as much importance as the percentage of total solids and fats is the percentage of dirt which may be present.

The number of bacteria per cubic centimetre in milk indicates very clearly the amount of dirt present. Milk that contains under 10,000 bacteria per cubic centimetre may be accepted as pure milk and fit for infant feeding. Bitter claims that the maximal limit for milk that is fit for food is 50,000 bacteria per cubic centimetre. Dr. Turner in examining one hundred and seventeen samples of milk in Washington found only fifty-two to contain less than 50,000 bacteria per cubic centimetre; and some of the samples contained a higher number of bacteria than the sewage water of the city.

Hence the importance of milk inspectors in every city, whose duty it should be to examine the milk and inspect the dairies, the cattle, and the methods of caring for and transporting the milk.

In many cities noble philanthropic work has been done, which has been of incalculable value, in providing the poor with a pure, clean milk at the same price ordinarily paid for an inferior article.

In warm weather particular attention should be paid to the care and preparation of the infant's food. All utensils employed in the preparation of the food should be sterilized by boiling daily. When possible the day's supply should be prepared in the morning and kept on ice. When possible a separate bottle should be provided for each feeding, and into it the proper amount should be put as soon as prepared. These should be stopped with sterilized cotton, care being taken to wipe the mouth of each bottle dry before corking. All nipples should be scrubbed and boiled daily and should be kept, when not in use, in a saturated solution of boric acid or else in a solution of bicarbonate of soda one drachm to the pint.

During the summer season it is a good general rule to give infants as little food as possible. A more dilute food and a longer interval between feedings than in cold weather will be found to give the best result.

Plenty of sterilized water should be supplied in warm

weather as the infant is far more likely to be thirsty than hungry.

Over-feeding, too frequent feeding, and the use of improper foods are important dangers to the infant in warm weather.

Prompt attention should be given to all slight gastro-enteric derangements in warm weather. A water diet for a few hours and a gradual return to the ordinary food, may be all the treatment necessary to ward off an impending attack of diarrhoea.

The sterilization of milk by heating it to a temperature of 100° C., although it destroys all bacteria, is to be avoided, as by such a process the value of the fluid as a food is greatly depreciated, and it is also altered in taste and smell.

When a perfectly pure milk can be obtained it is better employed raw, but as this is rarely possible in large cities, it is much safer to pasteurize it. This may be accomplished by heating to 60° C. (140° F.), at which point it should be kept for fifteen minutes, when the vessel containing it is to be placed on ice. This process, according to Russell, kills from 98 to 99.8 per cent. of all bacteria present in milk, without interfering in any way with the value of the fluid as a food.

TREATMENT.—*Hygienic Treatment.* In all cases of summer diarrhoea fresh air is of the greatest importance. The patient should be kept out of doors, in the coolest and shadiest spot available. When this is not possible, the sick-room should be cool, airy, and not too bright. Quietness is essential, for the little patients are frequently highly nervous and irritable.

The patient should be left alone as much as possible in cot, cradle, or perambulator, and should not be handled or petted.

If the attack does not yield to the treatment employed, the child should be removed to the seaside or mountains, after the most acute symptoms have been controlled, more good often being accomplished by a change of air than by all other means.

The clothing should be of the lightest material, a single long gown of thin flannel being the most suitable garment. If there is much perspiration a thin linen or cotton gauze under-vest may be worn next the skin. The clothing should be so arranged that it may be removed without disturbing the child, and should be changed whenever soiled.

The sick-room should be kept scrupulously clean and free from dust. All soiled clothing and diapers should be removed from the room immediately. The diapers should be placed in a disinfectant solution for some hours before being washed and boiled.

Bathing is valuable in that it allays restlessness and reduces the temperature of the patient. To insure cleanliness the child's body may be sponged with alcohol and water several times daily, but when it is desired to reduce the temperature the cold pack or tub bath should be employed.

When the body temperature is high and the extremities feel cold, the writer prefers the cold pack. (1) The mattress of the bed or cradle is to be protected by a rubber sheet or oilcloth over which is laid a small blanket; (2) an ordinary large towel is then wrung out of water at a temperature of 70° F. and wrapped about the child's body and arms, reaching down to about the knees. A hot-water bottle is applied to the child's feet. Cold water may be sprinkled from time to time on the towel without removing it from the child's body. To increase evaporation the child should be briskly fanned while it is in the pack. The patient may remain in such a pack for from fifteen minutes to an hour. As soon as the body temperature has been sufficiently reduced the pack may be removed, and the child put into fresh, dry clothing with as little disturbance as possible.

The temperature of the bath, when this means is employed to reduce the fever, should be about 100° F. when the child is put into it. When possible a small child's bath should be used, and it should contain sufficient water to cover completely the body to the neck. The

temperature of the water in the bath should then be reduced to 80° or 85° F. by adding ice. While the child is in the bath its head should be supported by the nurse, and its body should be briskly rubbed so as to promote the circulation. The child should remain in the bath for from ten to thirty minutes, according to the requirements of the case. The child's temperature should be taken by placing the thermometer in the rectum five minutes after it has been removed from the bath.

Properly and carefully given, a cold bath should not frighten or exhaust the little patient.

The bath or pack is indicated when the body temperature rises above 102½° F., and it may be repeated as often as required to control the temperature.

Excoriations of the buttocks and genitals should receive careful attention. The parts should be washed with weak bicarbonate of soda solution, carefully dried with cotton wool or soft linen, and then dusted with borated talcum, simple starch, or stearate of zinc.

Dietetic Treatment.—In all forms of acute diarrhoea in infancy food should be entirely withheld during the early stage. Digestion and assimilation are practically arrested at this time, and food, instead of being of assistance to the patient, can only work harm.

For the first twenty-four hours boiled water, in the quantity of one or two ounces, to which a pinch of salt, or a little milk sugar has been added, may be given at intervals of one or two hours. The object of the dietetic treatment is to supply the simplest nourishment in suitable quantities and at regular intervals, in order not to excite gastro-enteric irritation.

Milk should be entirely withheld in all cases.

The foods selected should be those which require the least effort to digest, and which leave the minimum amount of residue. The quantity should be the minimum possible, and it should be repeated at intervals which will insure periods of entire rest to the stomach.

The return to the ordinary diet should be slow and carefully regulated.

Explicit directions in regard to the various details of treatment should be given to the nurse or attendant in writing. Food prescriptions should be made out with the same care and attention that is usual in the ordering of drugs. The quantity, quality, and frequency of administration should be carefully set down so that no mistake can arise.

The difficulty generally is to find a suitable article of diet that the patient will like and take well. In order to be successful the resourceful physician will have a list of suitable foods which may be tried one after the other, until one is found which is acceptable to the child under treatment.

In general, the quantity of nourishment at each feeding should be from one-fourth to one-half the amount given in health, according to the tolerance of the stomach.

The interval between feedings should be as lengthy as possible. It is seldom necessary to nurse or feed a sick child oftener than every two hours. No effort should be made to feed by the mouth until gastric irritability has been controlled and no vomiting has occurred for six or eight hours.

Nurslings after a short period of starvation, at least twelve hours, may be put to the breast for two or three minutes. Nursing may then be permitted every four hours. Between the nursings whey, or sugar-of-milk solution (five per cent.), may be given, so that the infant is fed every two hours.

Before permitting the child to be put to the breast, the mother's milk should be examined, provided there be any reason to suspect that its composition may disagree with the patient.

The problem of supplying a suitable artificial food to infants under five or six months of age, who have been the subjects of diarrhoea, is one of the most difficult the physician has to solve. But of recent years this problem has been much simplified by the establishment of properly managed milk laboratories in several of the large

cities. Even under the best of circumstances, in hot weather the difficulties are almost unsurmountable; hence when possible a suitable wet-nurse should be secured for these cases.

After the period of "water diet" the question to be decided is whether to use albuminous or farinaceous fluids. It is the habit of the writers to employ farinaceous fluids when the motions are particularly foul, and the abdomen of the child is distended with gas. When these conditions are not marked, resort may be had to dilute broths, and other albuminous fluids, such as albumin water, liquid peptonoids, and panopepton.

The farinaceous fluids may be made from barley, rice, oatmeal, tapioca, sago, corn starch, arrowroot, or flour ball. It is important to boil these foods for at least three hours so as to prevent trouble from indigestible starch. These fluids should be given cold or just slightly warmed, and the younger the child the more dilute should the fluid be. It is important in all cases to strain farinaceous fluids before using them.

One of the best and cheapest foods of this class is the old-fashioned flour ball. This is prepared as follows: Take one pound of good wheat flour (unbolted if obtainable), tie it up very tightly in a strong piece of cotton, place in a saucepan of water, and boil constantly for ten hours; when cold remove the cloth and cut away the soft outer covering of dough. The firm central part is then to be grated down to a powder as required. A suitable quantity of this powder is then rubbed into a paste with water until a creamy mixture is obtained. To this a sufficient amount of water is added to make the quantity required for a feeding, and then boiled for fifteen minutes.

The albuminous food substances should always be well diluted; as they do not keep well, they should be prepared only in small quantities.

Albumin water is prepared by squeezing the white of one egg through a piece of sterilized gauze into a teacup full of boiled cold water. To this may be added a small quantity of sugar and a pinch of salt, and when necessary a teaspoonful or two of good whiskey or brandy. Chicken broth and veal broths are also extremely useful. These may be reduced to a jelly, of which a small quantity may be added to any of the farinaceous fluids, as required. The juice of rare beef, expressed by means of a meat press, may be employed, diluted in the proportion of one part of the beef juice to ten parts of water, or any of the farinaceous fluids. Liquid peptonoids or panopepton may be employed diluted in the same proportion as the beef juice.

The return to a milk diet should not be attempted until several days after the motions have become normal. It may be begun by adding one teaspoonful of cream to the farinaceous fluid the patient is receiving. If this gives rise to no distress, the quantity may be gradually increased. When modified milk is employed the fat and the casein should be greatly reduced. To begin with, a formula of fat 1%, sugar 6%, proteid 0.5%, may be tried. This should be predigested in the case of infants under four months. If it is well borne the constituents may be gradually increased. Instead of using sugar solution in the modified milk mixture, it may be replaced by thin barley or rice water.

The same general principles apply to the feeding of older children. Kumyss or matzoon may be allowed before milk is given.

After an attack of entero-colitis the diet should be carefully regulated for months, as relapses are very easily excited by improper articles of food. Oatmeal, potatoes, tomatoes, corn, and all kinds of fruits should be forbidden.

The abdomen should be protected by wearing a flannel binder, even at night, as sudden changes of temperature are to be avoided. Fatigue, exhaustion, and nervous strain of any kind are liable to excite a recurrence of the malady.

In chronic diarrhoea the diet most suitable is that employed in the later stages of acute cases. Albuminous

articles are to be preferred, and starches and fats avoided, or given in small quantities, the effect of these on the stools being closely watched.

Medicinal Treatment. *Purgatives:* The first indication of medicinal treatment is to evacuate the entire digestive tract.

The initial vomiting may have cleared the stomach more or less efficiently. If this is not the case, some simple emetic, such as ipecac or zinc sulphate, may be employed in older children, but in infants nothing is more efficient than stomach washing. If this be impossible, large draughts of water should be administered and the vomiting reflex excited by tickling the fauces.

The colon may be emptied by irrigation, but to clear the small intestine cathartics must be resorted to. The best for this purpose are castor oil and calomel.

When vomiting is not marked castor oil should receive the preference, as its results are fairly prompt and certain, and its after-effects soothing. The proper dose is one drachm to a child under six months of age, two drachms to one a year old, and half an ounce to one over three years of age.

If vomiting is a marked initial symptom calomel should be employed. Two grains may be given at one dose, or better, gr. $\frac{1}{2}$ every hour up to eight doses or until the characteristic green motions are seen. This has a favorable effect upon the vomiting, and is valuable both as an antiseptic and as a purgative.

If the motions occur with great frequency and are fluid, all purgatives should be avoided, stomach washing and colon irrigation taking their place. It is necessary to wash the stomach out only once as a rule, but the colon should be irrigated several times daily.

Antiseptics and Astringents: The value of intestinal antiseptics in diarrhoeas of infancy is open to question. The writer cannot claim any great faith in those he has employed. Salol, resorcin, the sulpho-carbolates, carbolic acid, salicylate of soda, and several others have all given equal satisfaction. Salol and resorcin in gr. i. doses every three hours to a child six months of age have the preference.

But of all drugs the most useful in the diarrhoeas of infancy is undoubtedly bismuth. Most of its preparations can be given in fairly large doses and rarely cause vomiting if properly administered. The most satisfactory preparations are the subnitrate, the subgallate, and the salicylate. The subgallate of bismuth may be given in doses of from gr. ij. to iv. every two hours to a child a year old. The salicylate may be given in doses of gr. i. to ij., with the same interval to a child one year old.

Bismuth subnitrate is probably the most reliable preparation; it may be given in doses of gr. v. to x. every two hours to a child a year old. It has been combined with the salicylate with advantage in the writer's experience, and is best administered suspended in mucilage, sweetened with glycerin. It should be given in sufficiently large doses to blacken the stools and often enough to keep them of that color.

The objection to salicylate of soda and also to salol is that they tend to cause vomiting. The action of salol upon the kidneys should be closely watched when large doses of this drug are employed.

Arsenite of copper is useful in the later stages after the temperature has fallen and the stools are no longer offensive. It may be given in doses of gr. $\frac{2}{100}$ every three hours to a child a year old.

Tannigen in doses of gr. ij. every three hours in a child a year old is useful, especially when the diarrhoea tends to become chronic. Excellent results have been reported from the use of tannalbin, but the writers have had no experience of its employment.

Acids: Dilute hydrochloric and sulphuric acids are of distinct value in chronic cases. They are best administered in combination with some digestive, as lacto-peptine, shortly after food. The dose is from \mathfrak{m} ss. to ij., according to the age of the patient.

Alkalies are of value in cases in which the stools are strongly acid and cause excoriation of the buttocks and

genitals. They tend to alleviate vomiting, and are particularly serviceable in acute cases. The most valuable are lime water, magnesia, sodium bicarbonate, and chalk mixture.

Opiates: Opiates in some form are required in many cases, particularly those in which tenesmus, pain, and great frequency of motions are marked.

Opium in any form should be withheld until the intestinal canal has been cleared by purgatives or by irrigation; it should not be given when there are cerebral symptoms, associated with scanty, offensive motions. It is of service, however, in those cases in which the administration of food is followed by active peristalsis and frequent stools.

Opiates should always be administered alone and not in combination with diarrhoea mixtures, and their effect on the number of the stools should be noted and the dose and frequency regulated accordingly.

The best preparations are paregoric when it is to be administered by the mouth, and the liq. opii sedativus (Battley) when given in an enema.

When paregoric is used it is best to give small doses at short intervals till the desired effect is produced. For a child of one year the initial dose should be \mathfrak{m} v., to be repeated every one, two, three, or four hours as may be indicated (Holt). Dover's powder is particularly suited to certain cases, but its taste is objectionable. It may be given in doses of gr. $\frac{1}{4}$, to a child one year old, every one, two, or three hours as required. Laudanum or Battley's solution may be given in doses of \mathfrak{m} i. to ij. in an enema consisting of \mathfrak{z} ij. of thin starch solution, and may be repeated as often as necessary in order to control tenesmus and pain.

The severe tenesmus occasionally associated with pro-lapsus ani, met with in acute ileo-colitis, is best relieved by means of a suppository containing cocaine, in the dose of from gr. $\frac{1}{4}$ to i., according to the child's age.

Stimulants are needed in a great many cases, but are often used unwisely. Alcohol stands at the head of the list. It is best used in the form of good whiskey or brandy. The daily quantity should rarely exceed from \mathfrak{z} ij. to iv., and is best administered well diluted with sterilized water or albumin water.

In chronic cases wines, particularly claret and hock, are of distinct value. Other stimulants are aromatic spirits of ammonia, and caffeine in the form of cold tea or coffee.

In *cholera infantum* the condition of intoxication is usually so severe as to demand the most urgent and active treatment. The main indications are: (1) to clear the gastro-enteric tract; (2) to support the heart and nervous system; (3) to reduce the temperature; and (4) to supply the tissues with fluid to compensate the drain of the discharges.

The first indication is best fulfilled by lavage of the stomach and irrigation of the colon.

As the absorptive processes are at a standstill in the stomach and intestine, hypodermic medication must be relied on to control the action of the toxins on the heart and nervous system. For this purpose a hypodermic injection of morphine, gr. $\frac{1}{10}$, and atropine, gr. $\frac{3}{100}$, may be given to a child a year old, and repeated every hour till the desired result is obtained. The only contraindication of the morphine is stupor associated with scanty purgation.

To replace the watery drain, intracellular injection of normal saline solution is indicated. Half a pint of a solution of salt in sterilized water may thus be injected into the cellular tissue of the abdomen, buttocks, thighs, or back.

To reduce the temperature the cold bath only can be relied upon. It must be repeated as often as required to keep the temperature within bounds.

Ice-cold water irrigation of the colon is also of great service in reducing the temperature, and the ice cap should always be employed.

Stimulants may be administered hypodermically if the vomiting is severe. Whiskey, ether, or camphor may be used freely as indicated.

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DIASTASE.—An unorganized ferment, or enzyme, occurring in plants, especially in seeds during germination, and possessing the function of converting their starch into sugar (maltose and dextrose). The diastase of barley and its relatives is best known. It is the agent which converts the starch into sugar in the manufacture of malt. It is not present, or at least not in appreciable quantity, until germination occurs, when it is developed from some other body present. Its amount increases up to a certain stage of germination, when it begins to decrease. When at its height, it is equal to about one-fifth of one per cent. of the original weight of the seeds. Like other enzymes, it does not combine with the substance upon which it acts, and is not itself consumed in the process, except by the application of undue heat (above 125° F.), and is still present in the malt. The several forms of extract of malt upon the market, either so-called or sold under fanciful copyrighted names, contain various amounts of it. The extensive use of diastase, for both external and internal starch digestion, has led to a strong demand for its introduction into the Pharmacopœia, a demand which is likely to be complied with.

Pure diastase, like pure pepsin, is unknown, but the substance known to us under this name is a white, or at most pale yellowish, odorless and tasteless powder, soluble in water and weak alcohol, but precipitated by strong alcohol. Albuminous matter and sugar are its common impurities. The readiness with which it digests starch under artificial conditions suggests its ability to do so in the stomach during the early stages of digestion, before it is destroyed by the free acidity of the gastric juice, and experiment has demonstrated that such is the case. Diastase is readily subject to standardization, but all the processes are tedious and rather complicated. They depend upon the power of a standard diastase solution to digest a certain amount of starch within a specified time, under fixed and carefully regulated conditions. It is to be remembered that their only value for determining the relative activities of different samples of diastase lies in the rigid uniformity of the conditions of trial. No statement that a certain diastase or diastasic substance converts a certain amount of starch, as contrasted with some other, is of the slightest value, except upon this condition. The dose is 0.1 to 0.6 gm. (gr. ij. to x.), and it must be taken with the meal, preferably during the latter part, or just at its close, when the hydrochloric acid, having entered into combination with the proteids, cannot inhibit its action.

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DIASTASE, TAKA.—Taka diastase is diastase found "crystallized" upon the roots of certain species of *Aspergillus* and removed in water. The removal of diastase from various species of fungi for use in the production of fermented liquors has long been in vogue in Japan. Some years ago Dr. Jokichi Takamine studied the effects of these substances and selected that derived from the above species for medicinal use. He named it as above because "taka" means *strong* in Greek, *high* in Japanese, and forms the first part of the name of the investigator. The method of production is thoroughly to sterilize wheat bran, and to sow it with a pure culture of the spores of the *Aspergillus*. After about fifty hours' exposure to a warm and moist atmosphere, there is an abundant crop of the fungus, which then bears its highest percentage of diastase. If left longer, the diastase would be consumed. The mass is now quickly cooled, broken up and percolated with cold water. The percolate is evaporated in a vacuum pan to a syrupy consistence, this liquid being ten times as strong as ordinary malt. From it the diastase is precipitated by strong alcohol, removed, and dried in the form of a yellowish white, odorless powder of pleasant taste. Under the most favorable conditions, it digests three hundred times its own weight of dry starch, or ten times as much cooked bread or other similar starchy food. Under ordinary conditions it digests from one hundred to one hundred and fifty times its weight of dry starch. Experiment has fully demonstrated that a similar result takes place

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in the stomach during the first hour or two of digestion. It is even believed by some that it can pass through the stomach and continue its work in the duodenum, but undoubtedly its principal work is performed in the stomach, as stated. By encasing it in keratin capsules or pills, it can be made to pass through the stomach and be freed for work in the duodenum. The ordinary dose is gr. iiss. It should be taken immediately with the meal.

Henry H. Rusby.

DIATHESIS.—In proportion to our increase in knowledge of the etiology and pathology of disease does the tendency to use the words idiopathic, dyscrasia, and diathesis grow less. Text-books and dictionaries which antedate the acceptance of the germ theory are filled with these terms, while the authoritative works of to-day seldom use them except in connection with those diseases concerning which our knowledge is still very limited, as, for instance, the uric-acid diathesis. Even this most beloved of the diatheses is now often replaced by lithuria and lithæmia. A few decades ago, were a man to develop any one of a host of diseases, it was explained by the fact that he was the unfortunate victim of a peculiar diathesis.

In Foster's Medical Dictionary reference is made to nearly seventy varieties of diatheses and more than twenty varieties of dyscrasia. A verminous diathesis is described as a constitutional condition that has been assumed to favor the development of intestinal worms. Such expressions as bilious diathesis, congestive diathesis, and basic aural dyscrasia indicate the earlier uses of these terms.

Previous to the discovery of the tubercle bacillus cases of consumption were usually explained by the hereditary and diathetic theory. We now know that the most robust, who have not the slightest tendency to tuberculosis, when thoroughly exposed to the infection may develop the disease. However, we must keep in mind the importance of the phthisical habit in connection with its development. Persons of this habit are not already tuberculous, but have tissues which are more vulnerable, less able to resist the attacks of these omnipresent germs. Exposure to infection, rather than the presence of a special diathesis, is in many instances the explanation of the development of disease.

The words diathesis, dyscrasia, and idiopathic have served for many years the purpose of cloaking our ignorance. However, their mission is yearly becoming more limited.

Diathesis and dyscrasia have frequently been used as synonyms meaning predisposition. In many instances diathesis has been used in the sense of disease, but the most commonly accepted meaning of the word is that of predisposition or habit of body. By dyscrasia is meant a cachectic condition which has resulted from the action of certain diseases upon the system. The cancerous diathesis means a hereditary tendency toward the development of cancer, while by cancerous dyscrasia is meant a cachectic or diseased condition of the system which has resulted from the presence of cancer and the absorption of toxins manufactured by the carcinomatous growths.

In a very limited way the word diathesis is still used by modern authors. The following are the diatheses which still cling to our text-books: The uric-acid diathesis, though a common expression, conveys very little information. It is held by many physicians to be responsible for numerous indefinite symptoms. It is supposed to be due to faulty metabolism, which if long continued may lead to gout, with uric-acid deposits in the joints, acute inflammations, and arterial and renal disease.

The expression gouty diathesis is practically synonymous with uric-acid diathesis. It represents the underlying condition of the system which is inherited by those who come of gouty stock or which is acquired by *bon vivants* prior to the characteristic arthritic manifestations of the disease.

The tuberculous or scrofulous diathesis is mentioned by many authors. By it should be meant the inheritance