to five days without therapy. The postulated etiology for this syndrome is a disorder in the absorption of fluid from the lung at birth.

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Posterior Fossa Aneurysm Presenting as Mass Lesions

Aneurysmal dilatations may frequently reach tremendous proportions in the posterior fossa without evidence of rupture, closely simulating expanding tumors. Since ventriculography is frequently considered the procedure of choice for the diagnosis of posterior fossa tumors, misleading and even disastrous information may result. Ectasias of the basilar artery rarely rupture and may present with clinical symptoms simulating pontocerebellar angle tumors as well as intrinsic pontine glioma lesions. Vertebral angiography will demonstrate aneurysms of the basilar artery as well as the posterior inferior cerebellar arteries.

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Genus Varus and Valgus in Children

A wide variation of normal was found by observing two groups of infants and children. Three hundred twenty-two children from a Well Baby Clinic were followed and compared with 61 children who were considered to have pathologic changes by clinical examination. From periodic roentgen examination, striking features could be observed.

Bowed legs before the age of 2 years and knock-knees between the ages of 2 years and 12 years are clearly established as normal growth patterns in otherwise healthy children. The patients referred with clinical diagnoses of bowed legs and knock-knees fell within the normal range of varoid to valgoid growth patterns.

Pathological varus and valgus deformities do occur, but they were only seen secondary to clubfoot, neurological disease, osteogenesis imperfecta, and obesity.

Treatment for any type of bowed legs or knock-knees in a healthy child is not indicated.

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Multiple Progressive Intracranial Arterial Occlusion of Children and Young Adults

A syndrome of children and young adults, hemiplegias developing during infancy and childhood are due to occlusions of the internal carotid artery system. The cause may be embolism, infection, trauma, or a localized arterial lesion. Cerebral angiography is now readily performable in infancy and gives a specific diagnosis. The children usually present with progressive paralysis, ushered in by convulsions, twitching movements, speech disturbance, unsteady gait, and headache. Mental retardation occurs in about a third of the children.

Angiographically, anastomotic channels between the external carotid system and the internal carotid artery can be identified as well as collaterals between leptomeningeal branches of the internal carotid artery system. Anastomosis may be visible from the vertebral system to the internal carotid artery system or vice versa.

The disease usually progresses to total occlusion of the major vessel, but collaterals may dilate so that the patient may recover with little residual motor or sensory disurbances. This entity is quite distinct from congenital hemiplegia.

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