

DISEASES OF CHILDREN.

By JOHN LINDSAY STEVEN, M.D.

Gonorrhœa in Childhood. Fischer (*Jahrbuch für Kinderheilkunde*, Band. xlv, Heft. 2, 3).—The vaginal secretions from fifty-nine children with vulvo-vaginitis were examined. Fifty showed the presence of the gonococcus. Thirty-six of these were under 6 years of age. The clinical signs were practically the same in all. There were intertrigo, swollen labia glued together by the purulent secretion, and urethritis. In about one-third of the cases the Bartholeian glands were enlarged, suppuration of which occurred in one. The inguinal glands were frequently found enlarged. Fever was present in a very few. In fact, the subjective symptoms were few. In duration the disease is tedious. It may last for weeks or months, the urethritis continuing longer than the vaginitis. The treatment consisted of rest in bed, sitz bath with potassium permanganate, and douching with a 1·7 per cent sol. zinc sulphate. From one-half to one pint should be used at each time. Neither the tubes nor the uterus were involved in any of the cases.—(*Archives of Pediatrics*, March, 1898.)

Immunity from Diphtheria conferred by Antitoxin.—There is, unquestionably, a doubt in the minds of many medical men as to the immunising power of antitoxin. Literature is certainly vague upon the important question as to how long a time safety can be assured, and by what doses. For the purpose of answering these questions, Dr. F. Gordon Morrill, in the *Boston Medical and Surgical Journal*, reports the results obtained in the Children's Hospital of Boston. Eighteen hundred and eight patients received immunising doses, about three thousand injections of antitoxin being given. The results of this experience, extending over three years, leads the author strongly to doubt the soundness of the conclusions reached by Kassowitz about two years ago. He is positive that we are able to confer immunity by promptly injecting exposed cases with an adequate dose of antitoxic serum.

The evidence presented certainly seems to bear out this belief, as the observations have been made with great care, and have been conscientiously recorded and reported. From this evidence Dr. Morrill concludes that he is perfectly justified in believing—

1. That immunity in any given case, of no matter how thorough exposure to diphtheria, may be conferred, for at least ten days, by the injection of a small dose (100-250 units) of serum, provided it is given twenty-four hours previous to actual infection.

2. That a large dose (250 units for a child of 2 years up to 500 units for one of 8 years or over) will confer safety for three weeks—or, to be a little more conservative, for twenty days—under similar conditions.

3. That no harm will result from the treatment in a vast majority of cases of *sick* children, and probably in no case of a healthy child, provided the serum used is up to the present standard of purity.

In the eighteen hundred cases reported, so far as bad results from the injections are concerned, the only ones in which anything like dangerous symptoms appeared were those of a boy with a splenic leucocythemia and another with nephritis. In the latter instance the antitoxin caused a distinct increase of the albuminuria and dropsy. In another case in which the same clinical symptoms were present, and the urinary analysis corresponded very closely to that of the first, the injections produced no unpleasant effects. Of the three thousand injections given, with the above exceptions, aside from an occasional urticaria, far more rare now than formerly, and an insignificant and transitory albuminuria, nothing worth noting followed them. Very rarely was the antitoxin omitted or postponed, no matter how sick the patient may have been. In one instance of very severe cerebro-spinal meningitis, in

which no injections were given, the child contracted a diphtheria which proved fatal.

In conclusion, the author expresses the opinion that a physician who fails to promptly immunise the members of a family or close community in which diphtheria breaks out, neglects to do his duty by those whose safety lies in his hands.—(*Archives of Pediatrics*, June, 1898.)

The Choice of Fluid for Enteroclysis in the Newly-born. Mercier (*Thèse de Paris*, 1897).—Enteroclysis constitutes a rational method of treating intestinal disturbances in infants, and has also proved an efficacious one. In the case of newly-born babies half a litre of fluid should be injected at a time. Boiled water, borated water, or physiological salt solution may be used. Should the stools be very foetid a saturated solution of naphthol is valuable. Finally, if the large intestine is in an inflammatory condition, especially the lower portion, enteroclysis with starch water is indicated.—(*Archives of Pediatrics*, June, 1898.)

The Treatment of Articular Rheumatism by Local Applications of Salicylate of Methyl. Siredey (*Journal de Clin. et de Thér. Inf.*, vol. v, No. 33).—The remedy is poured, drop by drop, upon the affected part, which has previously been washed and laid upon a rubber sheet. This is wrapped about the limb, and covered with a rubber or gauze bandage. The dose is 50 to 120 drops, and its absorption is proved by chemical analysis of the urine within half an hour after the applications. The treatment may be repeated twice within twenty-four hours if the pain is very severe. No ill effects have ever been noted upon the skin, and disagreeable general symptoms are extremely rare.

It is in subacute and chronic cases of rheumatism which do not yield to salicylate of sodium that the local method is particularly applicable, and in these it produces rapid and lasting good results. It is also very easily done. In the acute cases, where several joints are involved at the same time, the doses necessary for the several applications are very large, and the handling of the limbs is very painful. For these reasons the method is scarcely to be advised in acute cases, unless the salicylic preparations cannot be taken internally. Cardiac complications in no way contra-indicate the local use of methyl salicylate.—(*Archives of Pediatrics*, June, 1898.)

The Treatment of Epidemic Cerebro-Spinal Meningitis. Bela Angyan (*Memorabilien*, 1898, xli, 235).—In the absence of any specific medicine, we must confine our treatment to the suppression of symptoms. Leeches allay the headache and the symptoms of irritation; venesection is recommended by the author only in hyperacute cases, and then only in robust patients and during the first stage of the disease. A cold bath is not well borne by these patients. They are liable to collapse. A douche of cold water for a few minutes every three or four hours over the head and nape of the neck is recommended as very beneficial, especially in attacks of coma. Prolonged ice applications exert a prodigious antiphlogistic effect; he uses the ice-bag on the head and nape of the neck, also Chapman's tubes to the spine, but only so long as the patient feels comfortable under its application. Its effect is seen in the cessation of pain and symptoms of excitement, and frequently quiet sleep results. Treatment by mercury, which was practised on the recommendation of French physicians long ago in the form of calomel and inunctions, still retains a prominent position in the treatment of epidemic cerebro-spinal meningitis. As regards symptomatic treatment, it may be said that he employs opiates in cases of the most violent excitement, in obstinate vomiting, and in intractable insomnia. They are contra-indicated in conditions of depression, in cases of somnolence, or when collapse is to be feared. The use of excitants and analeptics is confined to a narrow field, generally to cases in which narcotics are contra-indicated.

As the brain and spinal cord are subjected to great pressure by the

accumulation of cerebro-spinal fluid in epidemic cerebro-spinal meningitis. Quincke's theory that, by the removal of a portion of the cerebro-spinal fluid the brain as well as the spinal cord are released from pressure, and that the course of the disease is thus favourably influenced, seems justified. The experiments on these lines by Ziemssen, Leyden, Kétly, Fürbringer, and others were by no means favourable to the therapeutic demands, and to Quincke's hypothesis.

Aufrecht during recent years recommended warm baths. Their favourable influence on the heart is much lauded, and the most favourable results are reported in epidemic cerebro-spinal meningitis. The author confines his treatment to the application of ice-bags and the subcutaneous injections of a corrosive sublimate solution. The sublimate makes its way at once into the blood-current, where its action is more rapidly and more energetically obtained, and attacks the germ of infection in the rôle of an antimycotic remedy.

In this manner he treated six cases in 1895, twenty cases in 1896, and one case in 1897—in all, twenty-seven patients. Of these, nineteen, or 70·30 per cent, recovered. The cases belonged to the acute and subacute variety, ranging in age from 3 to 30 years. Six were females and twenty-one males. The number of injections made in the patients who recovered varied between four and twenty-four. The patients, as a rule, bear the injections very well. In one case slight salivation occurred after the fourteenth injection.

The following were the symptoms which occurred after the injection of corrosive sublimate :—

1. As a rule, the mind of the patient cleared up after the second or third injection, the symptoms of irritation were milder, headache improved, and the patient was able to sleep.

2. After the fifth to sixth injection consciousness usually returned, and sleep became quieter and longer.

3. After seven, eight, and nine injections, the stiffness of the neck improved or even disappeared. Fever became less or ceased altogether.

4. Corrosive sublimate did not seem to prolong or shorten the course of the disease.

Corrosive sublimate seemed to check, after a few days, the formation of inflammatory products. This was seen in those cases in which a *post-mortem* disclosed only few products of inflammation, and these products were of a fibrinous rather than a purulent character.—(*Pediatrics*, 15th June, 1898.)

DISEASES OF THE EAR.

BY DR. WALKER DOWNIE.

Mastoiditis of Dental Origin Occurring in a Diabetic—Operation—Recovery. By Frank M. Rumbold, M.D., St. Louis.—A diseased condition of the teeth, or their surrounding structures, has long been recognised as a cause of pain in the ear. In the case here recorded, the patient, a diabetic, 67 years of age, had had an otitis media following measles when 8 years old. The right tympanic membrane had been at that time almost completely destroyed, and he had had occasional "running" from that ear ever since. While dining on board a train one day, he found he had difficulty in swallowing, and this was followed by pain in the right ear. The condition continued to develop, and at the end of fourteen days it was found necessary to operate on the mastoid. The immediate result was not particularly satisfactory, but ten days later a bony septum in the mastoid seemed to give way, and this was followed by the escape of a large quantity of pus, and pain disappeared. In other two days pain returned, and two