

and that the physiologically poor value of albuminus as fuel unfits them for an exclusive diet. A diet rich in fats puts too much work on the digestive organs, so that the carbohydrates really come to the front as the best diet to rely on. In older children with fever he suggests the following: zwieback or wheat-bread, flour-soup with egg, cold pudding of maize and fruit juice and apple compote. In addition during prolonged fevers, rice, potatoes, noodles, and macaroni. In infants with fever the diminished tolerance to nourishment and the tendency to diarrhea modify considerably the dietary scheme outlined for older children, and large dilutions of the nourishment, and the intermediate use of sweetened weak tea is indicated. For the treatment of fever in infants the bath in water of medium temperature is best. In high fevers, water should be 35° to 36° C., and by slowly adding cold water, brought to 34° to 32° C. In older children cool packs are preferable at 20° to 30° C. Where general disturbance of the child is undesirable, cool, moist clothes can be laid on hips and limbs and frequently changed, or light sponging attempted. Antipyretic drugs are of decided value at times, especially in headache, delirium, etc., and should be given only during increase, never during decrease of the fever curve. Tobler mentions the salts of potassium and aspirin as suitable antipyretics for infants and children. For circulatory weakness in infections Tobler uses caffeine preparations in mild conditions and injections of camphor oil and preparations of digitalis in the more severe conditions. In "meningismus" a lumbar puncture, by withdrawing 5 to 10 c.c. of fluid, usually gives sufficient relief.

Intramuscular Injections of Antitoxin in Diphtheria.—J. D. ROLLESTON and C. MACLEOD (*British Jour. Diseases of Children*, 1914, xi, 289) review the work done by various investigators on the various methods of administering antitoxin. It was shown that more rapid absorption occurred by the intramuscular method than by the subcutaneous. Morgenroth and Levy showed also that after eight hours in intramuscular injections the antitoxin content of the blood came very close to that after intravenous injection. Since 1909 intramuscular injections have largely superseded subcutaneous in German hospitals. The practice has apparently been confined to the German speaking countries. The gluteal region and the outside of the thigh are the usual points selected. The authors reports their experience in using this method on 339 patients at the Grove Hospital. There were 261 completed cases of diphtheria to whom 324 injections were given. Injections were given in the vastus externus muscle. The largest dose given at one time was 20,000 units or 50 c.c. The following advantages of this method are as follows: A uniform and high concentration of antitoxin in the blood is effected. It is less painful during the injection and subsequently no abscesses occurred in any of the cases. Rashes and serum phenomena occur as in the subcutaneous method. There were 15 deaths, 11 of which were due to toxemia. There was a comparatively low rate of paralysis, especially of the severe kind. For these reasons intramuscular injection of antitoxin in diphtheria deserves to supersede all other methods of administration. The average dose used in this series was 12,459 units, the dosage by this method has been decidedly smaller, especially in severe cases than it had been for the subcutaneous methods.