

PEDIATRICS

UNDER THE CHARGE OF

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Epidemic Summer Diarrhea and Vomiting.—HAROLD WALLER and GERALD WALKER (*Brit. Med. Jour.*, 1911, No. 2646, p. 594) report an epidemic of summer diarrhea as seen in the East London Hospital for Children. About one-third of the children seen in the out-patient department suffered from this condition. From July 1 to August 18 there were 125 admissions for this condition. Of these, 50 died and 75 were discharged cured. The large proportion of cases were bottle-fed and marasmic. Severe attacks in breast-fed babies were wholly exceptional. Condensed milk seems to have been the staple article of diet among these children, although the barley water so often an ingredient is believed to be sufficiently dangerous in itself to be responsible for a great deal of the trouble. This is due to the strange recipes for making the barley water, and to its being allowed to stand on a hot day in dirty jugs. The majority of cases occurred in infants from four to twelve months old and considerably under the normal weight. Rickets were common in the older children. In nearly all the cases there was pyrexia. The general condition exhibited sunken eyes, depressed fontanelles, skin dry and wrinkled, great loss of subcutaneous fat, and sunken abdomen. Abdominal distention was uncommon. The tongue and palate were very dry and often covered by thrush. While the high mortality suggests poor treatment before admission, the attack in many cases followed gross misfeeding. The general treatment is as follows: On admission the stomach is washed with a 0.9 per cent. saline solution, after which the vomiting usually ceases absolutely. The bowel is irrigated with the same solution until clear. If collapse or shock is present, a mustard bath or mustard pack is given. A subcutaneous infusion of normal saline or a 5 per cent. solution of glucose in normal saline is then given for several hours. This last treatment is of the greatest importance, but must be given at about 105° F. to be readily absorbed. An inverted vacuum flask is fitted with a rubber stopper containing two holes, one for a glass tube admitting air, the other tube, of the "two-way" kind, carries the fluid through two pieces of rubber tubing 8 inches long, to which are attached small silver infusion needles. The child is placed on its back and the limbs secured with bandages to the side of the cot. The abdomen and thighs are prepared for surgical procedure. A board with a hole in the centre supporting the inverted flask is laid across the side of the cot. The apparatus is sterilized and the flask filled with the requisite amount of saline at 120° F. The needles after insertion are covered with sterile gauze. About 7 to 10 ounces of saline are employed and will take two hours to run in, an occasional inspection of the apparatus being sufficient. Frequent repetition of the subcutaneous infusion is necessary