

offered you but just exactly what its value is going to prove to be I do not know. I have seen harm done by the treatment referred to by Dr. Cohen. I have seen two sudden deaths at least which followed the collapse Dr. Cohen referred to. We have no right to inject toxic substances and bacteria which are not already present in the individual. It is fundamentally wrong. It may be that lobar pneumonia is a mixed infection; I do not know; but I believe that it is a pneumococcal infection, pure and simple, in ninety-nine out of 100 cases and we should not be permitted to inject in such patients toxic substances that are derived from other bacteria than the pneumococci. We should give some immunizing substance that is not toxic. Some of these substances are very toxic to animals producing sudden death in many instances. What right have we to use these toxic substances on human beings?

With regard to the course of the temperature curve, especially that following the injection of antibodies, it should be remembered that those things that are soluble in salt solution, when injected, usually produce a very pronounced reaction. In the treatment of thirty-five proved cases of pneumococcus infection there has not followed a death; all the patients recovered and not one of them ran the course expected of him. The disease seemed to have been cut short, some more strikingly than others. What has been referred to about autolysis in pneumonia holds true in this disease as in others.

I have been accused of being foolish in advocating the use of these substances. After the injection of these soluble materials, after the toxic substances have been removed, when the injection is made early in the disease, there is first a slight rise of temperature, sometimes a chill, but usually not. If a chill does follow, it is due to some toxic substance that has been injected. The temperature usually falls by lysis.

A HOME-MADE ANTISEPTIC THERMOMETER CASE

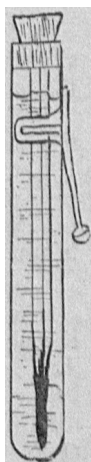
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In a recent issue of *THE JOURNAL*,¹ I saw an account of a thermometer case which provided a plug of cotton saturated with formaldehyd solution. For those who wish to supplement washing, with entire submergence in an antiseptic solution of the area formerly in the mouth of the patient, I offer the following:

The case is a common ignition tube of heavy glass, 1 cm. in diameter and 11 cm. in length. The end of the thermometer is thrust into a soft-rubber cork, and a fountain-pen carrying clip slipped over the outside of the tube. For solution I use 50 per cent. alcohol.

The entire case is no larger than a fountain pen, is quicker than the screw and chain case to put in action, bathes the entire length of the thermometer, does not leak or have an objectionable odor and is immensely appreciated by patients.

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Therapeutics

THE CARE OF INFANTS

(Concluded from page 721)

DIARRHŒA

There seems to be in artificial feeding of infants two forms of bowel upset; the first is that of fermentation, with watery movements, due to too much sugar in the food. This condition is cured by removing the sugar from the diet and administering fat and lime in proper

proportions. The second form is that in which the stools are dry and soapy, and is cured by temporarily stopping the fat, pushing the carbohydrate and giving malt-sugars and malt-extracts.

Angelia M. Courtney¹ has made a study of the casein curds in infant stools, and concludes that the hard or casein curds represent remnants of food, principally of a protein nature, that have escaped digestion; that the exact mechanism of their formation is not known; that they represent imperfect digestion; that they are not pathognomonic of any pathologic condition; that the loss of nutriment to the child is slight; and that their presence in the stools should not be a strong factor in the decision as to whether the child's food is correct and the child properly nourished. Brennemann² believes that these curds appear in the stools only after the feeding of raw milk, and that the curds disappear when boiled milk is substituted.

In the treatment of the diarrheas which show intestinal disturbance during artificial feeding, the various rules laid down by the different pediatricians, all equally successful, show that it means only the proper relation of the elements of the nutriment in the particular child.

Dr. John L. Morse³ discusses Finkelstein and Meyer's findings that casein causes no disturbances in digestion and that fat and sugar have no pathologic action unless the intestinal functions have been injured. They believe that sugar is the special and primary cause of fermentation, and with fermentation they would advise the diminution of the quantity of sugar and increase in the casein, and sometimes an increase in the amount of fat. After the digestion improves they would then administer a little very assimilable carbohydrate. The *Eiweissmilch* which these investigators advise is prepared as follows:

EIWEISSMILCH

Heat 1 quart of whole milk to 100 F. Add four teaspoonfuls of essence of pepsin and stir. Let the mixture stand at 100 F. until the curd has formed. Put the mass in a linen cloth and strain off the whey from the curd. Remove the curd from the linen cloth and press it through a rather fine sieve two or three times by means of a wooden mallet or spoon. Add 1 pint of water to the curd during this process. The mixture should now look like milk and the precipitate must be very finely divided. Add 1 pint of buttermilk to this mixture.

Finkelstein and Meyer use buttermilk in the preparation of this food for the following reasons: (1) because of the small amount of milk sugar which it contains; (2) to obtain the good effects of the lactic acid, and (3) because buttermilk can be kept for a long time.

The composition of this food is:

Fats	2.5 per cent.
Sugar	1.5 per cent.
Protein	3.0 per cent.
Salts	0.5 per cent.

One quart of this milk contains about 370 calories.

They used this food in a great variety of conditions accompanied by diarrhea, and in their original paper claimed good results in all, but not in the new-born.

The general principles laid down by them for the use of this food in these conditions are as follows: a preliminary catharsis, if necessary, followed, or not, by an initial period of starvation and tea diet, as the case may be; small amounts of casein milk; larger amounts of casein milk; the addition of some carbohydrate other than milk-sugar or cane-sugar, preferably some dextrinized preparation of malt-sugar. They claim that the loose, green stools are quickly replaced by typical soap-stools and that the addition of malt-sugar does not cause a recurrence of the symptoms of fermentation. They call attention to the fact that on account of the low nutritive value of

1. Gros, E. L.: An Antiseptic Thermometer Case, *THE JOURNAL* A. M. A., June 8, 1912, p. 1756

1. Courtney, A. M.: *Am. Jour. Dis. Child.*, 1912, III, 1.
2. Brennemann, J.: *Am. Jour. Dis. Child.*, 1911, I, 341.
3. Morse, J. L.: *Am. Jour. Dis. Child.*, 1911, II, 366.