

disadvantage in using old scrums would be the increased bulk of the injections for a given dose. Anderson also found that diphtheria antitoxin, if dried and kept in the dark at 40° F., retained its potency practically unimpaired for five and one-half years. He suggests that such a dried antitoxin might be of value on long voyages or in the tropics.

Deep Perineural Injections for the Relief of Neuralgia and Sciatica.—HECHT (*Med. Record*, 1910, lxxvii, 1040) reports his results in 60 cases of trifacial neuralgia. He used alcohol in ascending strengths of 70, 80, and 90 per cent. for the injections. Of the 60 patients, 37 were distinctly benefited (complete abeyance of pain for a longer or shorter period of time); 11 were improved (great reduction of pain); 8 were unimproved, and in 4 patients the pain was aggravated. Of the 37 patients benefited, 1 patient was entirely free from pain for one year and eight months. The shortest free interval from pain was two weeks. Hecht says this variability in results cannot be satisfactorily explained, but may be due to the accuracy with which the alcohol was deposited in, at, or near the nerve. With regard to the injection treatment of sciatica, Hecht says that alcohol injections are decidedly contraindicated. Harmful and even disastrous results have followed alcohol injections into mixed nerves. He reports a series of 33 cases of sciatica treated by the injection method. This method of treatment is limited to those cases in which the diagnosis of sciatica is made only after a rigid exclusion of all conditions that may give rise to sciatic pain as a symptom. Among the conditions that may give origin to pain similar to sciatica he mentions arthritis of the rheumatoid or deforming variety, tuberculous spondylitis, tabes, spinal syphilis, diabetes, inflammatory pelvic exudates, intermittent claudication, myalgia, and advanced general arteriosclerosis. He used deep intraneural injections of salt solution, and found that in most instances the relief from pain was almost immediate and complete. There were neither unpleasant effects nor any complications following the injections. Hecht also found that these injections benefited cases that may be classified from the site and distribution of the pain as myalgia.

The Action of Cod-liver Oil in Rachitis and Spasmodic Affections of Children.—ROSENSTERN (*Berlin. Klin. Woch.*, 1910, xlvi, 822) reports his clinical experience that seems to confirm Schabad's conclusions with regard to the specific action of cod-liver oil upon the metabolism in rachitis and the convulsions so often associated with rachitis. Rosenstern gives the details of five cases of rachitis with marked craniotabes. In all these cases remarkable benefit followed the daily administration of 25 grams of cod-liver oil for three to six weeks. He thinks that phosphorus enhances the action of the cod-liver oil and advises the use of a mixture of 0.01 part of phosphorus to 250 parts of cod-liver oil. Of this mixture a teaspoonful is given five times a day to the severest cases. Cod-liver oil if given without phosphorus will have the same effect, but must be given in larger doses.

PEDIATRICS.

UNDER THE CHARGE OF

LOUIS STARR, M.D., AND THOMPSON S. WESTCOTT, M.D.,
OF PHILADELPHIA.

The Diagnosis of Nasal Diphtheria in the Newborn and in Infants.—BLOCHMANN (*Berl. klin. W'och.*, 1910, xlvii, 2008) claims that nasal diphtheria in infants, in a large percentage of cases, is mistaken during the first days and even the first weeks of the disease for the ordinary "snuffles" or coryza. Notwithstanding the fact that this condition is frequent in infancy, and that the child's appearance is characteristic to the experienced eye, the true diagnosis is often not made until a rapid loss of weight and strength, a diphtheritic otitis media, or an absolute occlusion of the nasal passages make their appearance. It is, therefore, important to make a diagnosis immediately by direct nasal examination, before receiving the bacteriological report. It is desirable to be able to diagnose the bacilli carriers from those ill with the disease. Direct nasal inspection is remarkably easy in the newborn. In the recumbent position, with the child's nostrils separated by a bent hairpin or an open speculum, a good view of the nasal passages is obtained. If the child is not crying, pressing backward the tip of the nose is often sufficient. These methods were used in two epidemics among families. Three cases were diagnosed as nasal diphtheria previous to a bacteriological report out of 8 cases of coryza. The second epidemic showed 5 infants, in their first week, infected by an adult. The first 2 cases showed coryza, and were diagnosed diphtheritic by the direct nasal examination. This method then showed 3 other cases out of 10 children in the institution. These diagnoses were subsequently proved correct by cultures, and none of the remaining infants with coryza gave positive cultures or developed diphtheria. Among these 10 cases of nasal diphtheria, but 1 showed the characteristic discharge of bloody serum from the nostrils; 5 showed a thin membrane on the septum, which seems a rather frequent location. In only 1 case was the nasal floor involved. In a few cases the membrane involved the turbinates. The first epidemic developed in older infants, and was of the chronic type, almost always without fever. The membrane persisted in one case for over four weeks, and in another case the cultures were positive for three months. In the second epidemic 2 of the infants also developed diphtheritic inflammation of the navel, one dying of peritonitis. All the other cases recovered under antitoxin treatment. Only one child exhibited a rise in temperature. The foregoing history shows that rhinoscopic examination of the anterior fosse is practicable in the newborn, and is an efficient method of preventing a dangerous neglect in diagnosis and delay in proper treatment.

Immunized Human Serum in Hereditary Syphilis.—MERROWSKY and HARTMANN (*Medizinische Klinik*, 1910, vii, 1572) have investigated the effect of serum taken from syphilitics recently treated by "606" on the