EPITOME OF CURRENT MEDICAL LITERATURE

Medicine

41 Latent Pellagra

E. RUD (*Hospitalstidende*, May 1st, 1934, p. 513), attached to a hydropathic establishment in Denmark, believes that latent pellagra may not be rare, and that it may be responsible for several of the cases hitherto labelled as nervous anorexia or dyspepsia, colitis or neurasthenia, in persons of the asthenic type, nervous and irritable, under weight in spite of a good appetite, and suffering from chronic digestive disturbances and slight anaemia refractory to iron. He has observed five such cases, details of one of which he records at length. The patient was a married woman, aged 50, who had suffered for fifteen years from constipation, and whose vague pains and great lassitude could not be traced to any demonstrable organic lesion. She was put on an almost exclusively vegetarian diet, with a little meat only twice a week and no milk. The constipation ceased, but she rapidly lost weight, and her previous symptoms became much worse. Insomnia, apathy, depression, loss of hair, cessation of the growth of the nails, diarrhoea, and various other troubles overtook her, and, latent pellagra being suspected, although there was no rash or pigmentation of the skin, she was put on an anti-pellagra diet, which included a daily ration of meat, a couple of eggs, "decamin," and yeast. She made a dramatic recovery, and when she reported again for observation between four and five months after discharge her improvement was such that she was hardly recognizable. After she had discontinued the yeast for three weeks loss of weight and pain recurred, whereupon she resumed the yeast and lived for a couple of months on a preparation rich in vitamin B. Her improvement was now resumed. Discussing the pathogenesis of this class of case, the author suggests that the change from an ordinary mixed diet to one which is almost exclusively vegetarian may upset the balance of an already unstable metabolism and give rise to the clinical picture just described. The cure of the constipation may also have reduced the absorption of vitamin B by the intestines. Cases such as this should be a salutary warning to dietetic enthusiasts who, in their treatment of colitis and ulcers of the digestive tract, are inclined to prescribe a dietary deficient in the anti-pellagric factor.

42 Mortality of Acute Appendicitis

From a study of 500 cases of acute appendicitis, J. J. WESTERMANN (*New York State Journ. Med.*, May 1st, 1934, p. 388) concludes that mortality can be definitely lowered by ensuring great care and gentleness at the operation. The smallest degree of exposure compatible at removal and the provision of adequate drainage make for the smoothest convalescence. If considerable difficulty attends appendicectomy, drainage alone may prove very useful. Westermann distinguishes three types of acute appendicitis. The first group (numbering eighty-three in his series) contains cases in which the disease is presumably haematogenous, being coincident with, or immediately subsequent to, respiratory or other infections—twenty-five of the eighty-three having had tonsillitis, twelve otitis media, and ten pneumonia. The morbid process is limited to the outer coats of the appendix, and is usually streptococcal. The mortality rate was 7.8 per cent., the patients' average age being 13½ years. Trauma and excessive operative intervention aggravate the condition and interfere with the peritoneal resistance. An intramuscular incision is preferable with drainage if free fluid is found. The appendix should not be removed if difficulty is entailed. Ileostomy and other secondary measures are very poorly tolerated and light up the infection. The early and copious administration of fluids is essential, including large saline and glucose injections, and repeated blood transfusion. The second group (numbering 372 in the author's series) comprises cases resulting from injury of the appendix mucosa, with ensuing infection by faecal organisms. The average age of the patients was 30.6. These cases are not fulminating, and general peritonitis is not an early complication, a localized abscess being a more common sequel. The mortality rate, which was only 4.1 per cent. in the series, is raised by undue operative interference; eleven patients with right rectus incisions and five subjected to ileostomy died. The most effective procedure in the presence of abscess formation or localizing peritoneal involvement is the induction of drainage at the site with a minimum of surgical trauma. The patient is warned to seek surgical assistance early in the event of the symptoms returning. The third group of patients numbered forty-five, with an average age of 56. The onset is described as slow, with general digestive symptoms and physical signs in the lower part of the abdomen from the start. The appendix has been the seat of previous inflammation; in twenty-two of the forty-five patients there was abscess formation within four days of the onset. The mortality rate tends to be high (11.1 per cent. in the author's series), but simple drainage of the abscess, preferably under local anaesthesia and with a minimum of operative exposure, lowers it. Westermann discounts the value of ileostomy, except when there is mechanical obstruction; seven out of nine patients subjected to it died. Blood transfusion, infusions of saline solution and glucose, and administration of fluids otherwise are the only permissible measures in the presence of general peritonitis and dynamic ileus. Lavage of the peritoneal cavity is not commended. In sixteen cases the appendix was not primarily removed, and eleven of these patients recovered.

43 Submaxillary Mumps

S. L. JOHNSON (*Arch. of Pediat.*, April, 1932, p. 240), during May and June, 1932, saw eight cases of submaxillary mumps, of which he records five in patients aged from 11 months to 38 years. The incubation period ranged from eighteen to twenty days. The onset was sudden. All had been exposed to epidemic parotitis, and none had had a previous attack of mumps. There was no regularity in the involvement of the submaxillary gland, either or both being affected. One or both parotids were affected in half the cases. The sublingual gland was not involved in any case. The cases were fairly mild, and no complications developed.

Surgery

44 Fracture of the Neck of the Femur

S. JOHANSSON (*Svenska Läkaresällsk. Forhand.*, April 30th, 1934, p. 49) has found 390 fractures of the neck of the femur among 3,940 fractures and dislocations treated in a Swedish hospital in the ten-year period 1922–31. In 75 per cent. the age of the patients was over 60 and in 50 per cent. it was over 70. In 17 per cent. the patient's age was over 80. There were 289 women to 101 men. The fractures were classified according as they were median or lateral, the former including subcapital and transcervical fractures, and representing 60 per cent. of the total. On account of the high average age, the mortality was as high as 20 per cent. The treatment of this fracture was unsatisfactory until Whitman introduced the system of immobilization in plaster-of-Paris for three to six months after displacement had been corrected by abduction, extension, and inward rotation. Until recently, operative measures, from excision of the head of the femur to suturing, with or without free exposure of the fracture, have been less effective than conservative treatment. The

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Smith-Petersen device for immobilizing the fractured bone by a metal rod has given surgery a new opening, and the author describes his own modification, which differs from the original Smith-Petersen operation, in that the site of the fracture is not exposed. This means that the operation is simplified to such a degree that it can be recommended as a routine procedure, even for elderly patients. Before he undertakes this operation Johansson secures exact readjustment of the fragments, employing Whitman's system in doing so. He has already performed his operation in forty-seven cases, forty-three of which represented median fractures. Bony union was achieved in thirty-one of the forty-three median cases, with restoration of normal functions in thirty cases and with good function in one. Seven cases were still under treatment and five patients had died. Restoration of normal functions, with bony union, was achieved in all the four cases of lateral fracture. Hence the author's conviction that his extra-articular osteosynthesis should for the future take the place of both conservative treatment and of the operations which entail exposure of the fracture.

45 Angioma of the Kidney

G. GAYET, A. GABRIELLE, and J. MARTIN (*Journ. d'Urol.*, April, 1934, p. 297) describe angioma of the kidney as a comparatively rare condition but one which is becoming recognized more frequently as the result of microscopical examination following nephrectomy. The condition may occur at any age, but is most common between 18 and 25 years. The most characteristic symptom is haematuria, which is usually preceded or accompanied by a form of renal colic. The haematuria is similar to that of a renal neoplasm, and is variable in profusion and also in frequency. The urine is usually clear, but microscopical examination will reveal many red corpuscles. Several years may elapse between the first and second haemorrhage, and the attacks may last either for a few days or for some weeks. The bleeding is sometimes so abundant as to render an immediate nephrectomy a matter of urgency owing to anaemia. Angioma of the kidney seldom grows to a large size, but is irregular in shape and has the appearance of a conglomeration of small red pearls. The most frequent site of the tumour is in the medullary zone immediately under the mucosa of the calyces. Diagnosis is usually easy, but the lesion may sometimes be mistaken for a nephritis with haematuria or for tuberculosis. Angioma is the most common form of benign tumour of the kidney. At the present time nephrectomy appears to be the operation of choice, but it is suggested that a less mutilating procedure may some day take the place of the radical operation. If the tumour is of small dimension and the remainder of the kidney unaffected, it is possible that the tumour may be removed by means of the electric cautery after nephrotomy. In the event of post-operative haemorrhage a secondary nephrectomy could afterwards be performed if necessary.

46 Early Diagnosis of Coxa Vara of Adolescents

According to K. LINDEMANN (*Zentralbl. f. Chir.*, April 14th, 1934, p. 887) coxa vara in adolescents is primarily an affection of the epiphyseal junction, and the patients are not uncommonly above average weight, showing signs suggesting some degree of hypogenital dystrophy. Early diagnosis, though difficult, is important if a consecutive deforming arthritis is to be avoided. Lindemann describes four cases (three in girls) in which the diagnosis could be made radiographically at a stage in which the clinical signs, after two to six months, consisted in inconstant pain and limp ; absent or very slight shortening ; and no limitation of movement, or only slight restriction of internal rotation, abduction, or flexion. It is essential, he finds, that the plate should be taken with the rays directed to the hip from below, and the hip flexed to 70 degrees and abducted. The early radiological signs are poorness in lime of the whole coxal end of the femur, but chiefly its epiphyseal portion ; apparent smallness (due to backward displacement) of the epiphysis in pictures made in the usual position ; and retroposition of the epiphysis as seen in the flexion-abduction picture. Even at this stage treatment extending over some twelve months is necessary.

Therapeutics

47 Oral Administration of Typhoid Vaccine

A. MORGADAS, writing in the *Rev. Med. de Barcelona*, (April, 1934, p. 291), states that in the village of Cardedeu in Catalonia in October, 1931, there were five cases of typhoid fever with one death. After a short interval seven fresh cases resulted in three deaths—that is, a mortality of 33 per cent. in twelve cases, all of a serious type, several with haemorrhage and endocarditis. Prophylactic administration of a vaccine supplied by the Municipal Laboratory of Barcelona was commenced in May, 1932, and during that year there were thirty cases, of which five were fatal. In these figures are included those who presented early symptoms of the disease before the completion of the course of vaccine and one case which had received none. Those vaccinated who contracted the disease ran an extraordinarily mild course, while all unvaccinated sufferers were gravely ill. So slight were the symptoms of the vaccinated that diagnosis was effected only by laboratory tests. Their temperature never exceeded 38.5° C., their stools were normal, and delirium was entirely absent. No other cases supervened. Administration of the vaccine, which was by the oral route and according to the technique of Domingo and Vidal, was at once followed by reduction of the mortality rate by 50 per cent., and by the complete disappearance of the disease in this little community within twelve months. Parenteral vaccination might have had a more energetic action on the morbidity, but this advantage is balanced by the ease with which the vaccine was administered orally, and by the fact that its administration was never followed by symptoms of intolerance. In all, 1,500 persons were vaccinated, with the results as above indicated.

48 Tryparsamide Treatment of Pemphigus

A. R. ESLER (*East African Med. Journ.*, April, 1934, p. 16) reports a case of the rapid cure of pemphigus by tryparsamide. The patient had large bullae on the body and extremities, which broke down into large raw ulcers with an offensive smell. He was tremulous when standing or walking ; ankle clonus was present on both sides, the right knee-jerk was elicited with difficulty, and the left knee-jerk was exaggerated. Previous treatment with "914" and stovarsal had failed. The first tryparsamide injection was given intravenously, the dose being 3 grams ; no new bullae formed after it. Nine injections were given, four of 3-gram doses and the others of 2 grams. Owing to the great difficulty of finding a suitable vein only three intravenous injections were made, the others being intramuscular. All the raw surfaces had healed in four months after the first dose. Esler found that intravenous medication caused more rapid and marked improvement in the symptoms than did the administration of tryparsamide by the intramuscular route.

49 Immunity by Diphtheria Toxoid

J. GREENGARD (*Amer. Journ. Dis. Child.*, April, 1934, p. 799) reports his observations on 214 susceptible infants of ages ranging from birth to 2 years, of whom 93.4 per cent. gave a negative Schick reaction after two injections of 1 c.cm. of commercial diphtheria toxoid (Ramon's anatoxine). Of sixty-three immunized infants retested at intervals after the negative Schick reaction eleven (17.2 per cent.) showed a positive reaction again. Of fourteen infants who failed to show a negative Schick reaction after injection of toxoid thirteen were immunized during the first six months of life. Of eleven immunized

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infants whose reactions became positive again ten were immunized while under 6 months of age. In a small group of infants in whom the duration of immunity could be tested, the immunity seemed to be more lasting in those who presented a negative Schick reaction most rapidly.

Disease in Childhood

50 Minimum Diet for Infants and Children

J. L. MORSE (*New England Journ. Med.*, May 17th, 1934, p. 1057) maintains that the optimum diet for an infant or child contains the minimum amounts of food elements sufficient to promote health and growth, either excess or deficiency being undesirable. He indicates the caloric needs of boys and girls at different ages, and points out that the storage in the body of protein for growth will be defective if the dietary does not contain sufficient, for some of the protein will be consumed in supplying energy. The optimal amount of carbohydrates for the infant is from 10 to 14 grams per kilo body weight, and from 8 to 10 grams for older children. This corresponds to 40 to 60 per cent. of the total caloric intake. An excess of carbohydrates in the diet is probably the most common mistake, the usual symptoms being indigestion and loss of appetite, with the appearance of glycosuria if the excess is great. Morse thinks that an infant on modern whole-milk mixtures is receiving from 15 to 30 per cent. only of its total calories as fat, which is too little. More than 35 per cent. is probably not fully utilizable, and probably interferes with the utilization of calcium. The main symptoms of fat insufficiency are referable to inadequacy of vitamins A and D. The author's optimum diet is stated as one in which protein makes up from 10 to 15 per cent. of the total caloric intake, carbohydrate from 40 to 60 per cent., and fat from 30 to 35 per cent. The cheapest diet which will meet the nutritive needs is one in which 10 per cent. of the total caloric intake is provided by protein, 60 per cent. by carbohydrate, and 30 per cent. by fat. If a child gets a reasonable amount of milk, an occasional egg, some meat, and whole grains, it is very unlikely to lack vitamins. If the milk is not raw, an infant needs an anti-scorbutic, while children should have vegetables as an additional safeguard. Infants should also be given vitamin D in some form during the winter. A child needs one gram of calcium and one and a half grams of phosphorus a day. A retention of half a milligram of iron a day is required during the first six months, and the store of this in the liver of the average infant is probably adequate to make up for any deficiency. During the rest of childhood two milligrams are essential, and are preferably obtainable from eggs, prunes, and green vegetables, although the relative importance of the last-named has been much exaggerated.

51 Heart-block in Rheumatic Fever

According to M. POMERANCE and S. FRUCHT (*Amer. Journ. Dis. Child.*, May, 1934, p. 1087), heart-block in rheumatism is so characteristic that a presumptive diagnosis of rheumatic fever may be made several days before the onset of the clinical manifestations. Three cases are recorded to illustrate the fleeting character of the abnormal rhythm; the accelerated ventricular rate in complete heart-block, making the clinical diagnosis impossible; the curious auriculo-ventricular dissociation in which the ventricular rate is higher than the auricular; and the necessity for keeping exact records in all cases. Heart-block appears and disappears at first with a disconcerting suddenness, which is comparable, however, with the fleeting joint pains in children, the ephemeral nature of the rheumatic nodule, the transitory pericardial friction rub, and the inconstant cutaneous manifestations. When the rheumatic attack has been exceptionally severe scar tissue replaces the myocardium, and more or less permanent functional changes result, with a lasting modification of the electrocardiogram. In some instances the tracing revealed such an acceleration of the heart beat—for example, to an auricular rate of 120 and a ventricular of 80—that diagnosis became impossible by ordinary clinical methods. The authors conceive it likely that cases of complete heart-block in rheumatic fever go unrecognized because the ventricular rate is over 70, and that therefore an electrocardiogram is essential for accurate diagnosis. The curve sometimes shows also a ventricular rate faster than the auricular one; an illustration is given of a case in which the former was 120 and the latter 108. In the authors' series of thirty-one rheumatic cases there was prolongation of the P-R interval (incomplete block) in twenty-eight, the other three showing complete dissociation, complete heart-block, and left bundle block respectively. It is contended that, while compression of the fine coronary arterial branch lying adjacent to the oedema round the Aschoff body may be in part responsible for the cardiac functional irregularities, there must also be present some toxic factor acting on the ventricular musculature which accounts for the singular acceleration of the ventricular rate in complete heart-block.

52 Solar Irradiation and Hypervitaminosis D

E. C. DODDS, J. D. ROBERTSON, and H. J. ROCHE (*Arch. Dis. in Child.*, April, 1934, p. 91) have exposed a series of twenty-eight children to solar irradiation during the summer months. Clinical examinations and biochemical investigations were made periodically during the treatment. A further series of twenty children had similar tests at the end of the summer. All except three were between the ages of 6 and 15, and were suffering from various orthopaedic conditions. The degree of pigmentation attained its maximum between the end of June and the middle of July. The general condition improved steadily, the most marked amelioration being that noted soon after admission. There was no loss of appetite or other adverse sequels. An increase in the blood calcium and phosphorus values was demonstrable during the insolation, but the highest serum calcium levels did not always follow the sunniest periods. No cases were found in which any hypervitaminosis D could be suspected. The increase in the serum calcium and phosphorus fell within the physiological limits, and it was therefore evident that the irradiation was not acting to such an extent on the ergosterol in the skin as to free an excess of vitamin D. The patients showed no clinical symptoms of such an excess—for example, drowsiness, diarrhoeas, or mental depression. It was noted that on a normal diet doses of vitamin D such as are produced by irradiation caused a greater increase in the blood phosphorus than in the serum calcium.

53 Epilepsy in Children

K. RUPILIUS (*Med. Klinik*, May 4th, 1934, p. 604) alludes to the difficulty in distinguishing genuine from "residual" epilepsy, due to healed morbid cerebral processes (among which birth trauma has a part). He reports 113 in-patient cases of epilepsy in children; in twenty-nine of these an organic cerebral lesion could not be excluded with certainty. Lues was present in one case only. Parental epilepsy was present in three cases; parental psychopathy, psychosis, neuropathy, syphilis, or alcoholism in twenty-three; a history of difficult labour was obtained in 21 per cent. In one-third of the cases the first fit had occurred before the age of twelve months. Two-fifths of the patients showed some degree of imbecility or idiocy. Ten patients had well-marked attacks of petit mal; three had Jacksonian attacks. There were two cases of "reflex epilepsy" in children in whom orthopaedic manipulations had been done, and neither appeared to have had previous fits. In-patient stay in many cases diminished the frequency of the attacks; a hysterical component was recognized in nineteen cases. No therapeutic gain followed natural or induced pyrexia. Encephalography (air being injected as a rule after lumbar puncture) was done in twenty-eight cases, had some diagnostic use, and in one case in four was followed by improvement of symptoms. Improvement occurred in three of the six children who were subjected to x-radiation of the skull.

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Obstetrics and Gynaecology

54 Types of "Pregnancy Kidney"

SERGE SELITZKY of Moscow (*Gynécol. et Obstét.*, April, 1934, p. 325) discusses at length and with reference to many authorities the differential diagnosis of the forms of pregnancy kidney and true nephritis. He classifies renal lesions into (1) those connected with pregnancy, of degenerative histological type ; (2) those primarily renal, of inflammatory nature. He insists that the origin is toxic, from some part of the embryo. Incidence of renal lesions in pregnancy, according to figures collected at two institutions, is 3.6 to 10 per cent., whereas that of simple nephrosis or pregnancy kidney is about 2 per cent. ; nephritis 2.1 to 4.9 per cent. ; mixed forms 4.8 to 10 per cent. ; chronic nephritis 7.2 per cent. Primiparae suffer most frequently from pregnancy kidney (that is, simple nephrosis). Older primiparae reach 53.9 per cent. of all cases, second pregnancies 15.7 per cent., and third 8.6 per cent. Age incidence is about 60 per cent. between 21 and 30. Pregnancy kidney always develops in the second half of pregnancy. Though the fulminating form may begin without preliminary, albuminuria is the first sign of simple and serious cases alike. The proportion of albumin is of neither diagnostic nor prognostic significance. Toxic cases are recognizable by a gradually mounting oedema, fatigue, hemicrania, and, most reliably, a loss of muscle tone. The chronic form of nephritis shows little oedema, less rise of blood pressure, and more compensatory effects—for example, cardiac hypertrophy. Hypertonus is a constant and early sign of kidney affection, running parallel with its development and with metabolic changes. Prophylaxis is of major importance. Rest in bed is specially advised, with elimination of salt, fat, and carbohydrates from the diet, and restriction of fluids. Diuretics have been discarded, also baths and hot packs and injections of normal horse serum, etc. The author believes that any treatment may help or fail, and relies upon the development of symptoms as the guide to intervention and to the choice of method. End-results, which may be long in developing, depend upon the type and degree of the lesion. Complete and rapid recovery usually follows parturition. Most statistics give 2 per cent. of reappearance. Selitzky's figures show after nephropathy 10.7 per cent., after nephrosis 20 per cent., and after nephritis 84.6 per cent. The type may be different ; acute forms seldom reappear, nor does eclampsia supervene. Further pregnancy, therefore, need not be forbidden, provided a reasonable interval be assured and meticulous precautions be taken from the commencement of a succeeding pregnancy. As to chronic nephritis, therapeutic abortion was called for in 36.7 per cent. of the author's cases. The outlook for both mother and child is, generally speaking, unfavourable.

55 Parietal Bone Depression in the Newborn

Owing to modern pre-natal care, cranial depressions in the newborn are now usually seen only after urgent obstetrical intervention, such as forceps and version extractions. M. MERCENIER (*Bull. Soc. d'Obstét. et de Gynécol. de Paris,* April, 1934, p. 330) reports a case of this nature where the newly born infant showed a large depression on the left parietal bone which was evidently insufficiently deep to cause a cerebro-meningeal lesion. Parietal depressions are very characteristic of a flattened pelvis: the head, slightly deflected, is engaged while transverse, and with slightly strong traction, especially of an after-coming head, the parietal bone is forced against the promontory with a resulting saucer-shaped lesion. Commandeur divides these depressions into three groups: simple inflexion without apparent fracture, depression with fissured fracture, and depression with evident fracture. According to Bué, three sequelae may follow this lesion: meningeal haemorrhage, which may cause death or secondary symptoms (coma and convulsions) ; perfect tolerance ; after a latent period of several months, secondary conditions, such as cerebral hemiplegia, psychic deficiency, generalized epileptiform attacks at puberty, etc. Four methods of treatment may be employed. In slight cases massage of the head by occipito-frontal pressure or by pressure on the edges of the depression frequently suffices for cure. Another method is to introduce an auger or corkscrew as far as the internal table of the bone and by traction reduce the depression. A third method consists in an intracranial reduction of the depression either through the suture or the bone. The fourth method, which should be reserved for cases in which a marked intracranial haemorrhagic area is suspected, is trephining. In the present case the intracranial sutural operation was employed with excellent results.

Pathology

56 Non-Perforative Biliary Peritonitis

According to A. ROSARIUS (*Zentralbl. f. Chir.*, May 12th, 1934, p. 1091) non-perforative biliary peritonitis was first described by v. Haberer and Clairmont fifteen years ago: its existence has been doubted, for microscopical examination in some cases has revealed small necroses of the walls of the bile passages and/or very small perforations. The case is recorded of a man aged 66 who had signs of acute peritonitis with icteroid conjunctivae and some urobilinogen but no bile pigments in the urine ; at operation the colon contained much free bile-stained fluid, and there was a necrotic zone in the fundus of the gall-bladder but no apparent perforation. No other operative measure than drainage was undertaken and the patient recovered. The peritoneal fluid was sterile and did not contain pancreatic ferments ; calculi were not present.

57 The Blood-Urine Urea Ratio

Referring to his previous work on the subject, J. COTTET (*Presse Méd.*, May 12th, 1934, p. 762) reiterates his opinion that the blood-urine urea ratio furnishes a simple clinical means of evaluating the functional activity of the kidneys and, according to the degree of this activity in known conditions of the urea and water excretion, of their secretory value. For the test, the total twenty-four-hour urine, collected in the morning, is employed, and the blood, to avoid the transitory influence of food on the blood urea, is also taken in the morning while fasting. The resulting amount of blood urea in centigrams is divided by that of the urinary urea expressed in grams ; the quotient multiplied by 100 gives the stated ratio. This oscillates between 1 and 2 in subjects having a normal renal secretory power, provided that the ureic and aqueous excretions are respectively equal to 15 grams and 1,500 c.cm. in the twenty-four hours ; in these conditions the ratio is the higher as the renal secretory power is diminished. A clinical study of this ratio shows the important influence of the aqueous diuresis on renal functioning. The influence of this diuresis on renal functioning, and therefore on the urea secretion, is well illustrated by the syndrome of nitrogenous oliguria of non-renal causation. Cure of this condition is most important ; this can be attained mainly by a cure of the diuresis and by a judicious liquid dietary. Thus the humoral adulteration, as evidenced by a raised blood urea, is remedied, and the kidneys guarded from the ultimate damage caused by habitually secreting too concentrated a urine. Notes on three cases are given to illustrate various points in this paper.

58 Schick Test after Tonsillectomy

W. H. PARK, C. KERESZTURI, and D. HAUPTMAN (*Amer. Journ. Dis. Child.*, March, 1934, p. 565) review the literature and report their observations on forty-six children who had been Schick-positive before tonsillectomy and were retested six months after the operation, when 18 per cent. gave negative reactions. On the other hand, of forty-seven Schick-positive controls in whom tonsillectomy had not been performed, 21 per cent. became negative after about six months. All the subjects came from congested urban districts. The carrier rate was not higher in the controls than in those tonsillectomized.

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