Over this area the breath sounds were nearly absent, while above moist rales were heard. On the affected side the diaphragm moved only slightly. McKechnie believed the patient had a liver abscess with perforation of the diaphragm and pleura; and was intermittently evacuating the cavities through the bronchi. McKechnie's treatment was as follows: The patient was placed over the edge of a table, head downwards, with the whole body hanging upside down. The legs and thighs on the table, lay at right angles to the trunk and thus supported it. In this position the patient coughed and squeezed until no more pus came out. The maneuver was repeated five or six times daily. In this way at first, the patient got rid of large quantities of pus which rapidly diminished and in six weeks stopped. The general condition improved markedly. McKechnie suggests that this method should be tried in abscess of the lung and bronchiectasis before resorting to the more formidable surgical procedures.

The Blood Picture in Disease of the Glands of Internal Secretion.

—L. BORCHARDT (*Deutsch. Arch. f. klin. Med.*, 1912, cvi, 182) has extended the study of the blood in disease of the glands of internal secretion. Within the last few years diseases of the thyroid gland have been studied in particular. The present observations are of interest in connection with the findings in thyroid disease, because of the similarity of the blood pictures. Borchardt finds that not only in Basedow's disease, but also in all other diseases of the thyroid, hypophysis, and adrenals the blood is characterized in the majority of cases by a relative and absolute increase of the mononuclear cells, particularly the lymphocytes. In about half of the cases there is also a leukopenia and eosinophilia is about equally frequent. Similar changes are found in the blood of patients with the clinical signs of status thymolympathicus. Since clinical and anatomical evidence of status thymo-lymphaticus is at hand in many instances of disease of the thyroid, hypophysis, and adrenals, it is possible that the blood picture in such cases is attributable to the status lymphaticus.

A Source of Error in Nylander's Test for Glucose.—E. STRAUSS (*Münch. med. Woch.*, 1912, lix, 85) found a negative Nylander's test for sugar in the urine of a diabetic, whose urine was shown to contain an abundance of sugar by the Fehling and polariscopic methods. It was found that the patient was receiving inunctions of iothion (d-iodoxypropan). On adding this substance to diabetic urine or to solutions of sugar, the Nylander reaction became negative, though there was no interference with the reduction of copper. The addition of potassium iodide or iodine is without effect. It appears that the iothion is excreted in the urine as such and forms some combination with the bismuth which prevents its reduction.

Diastase in Urine and Feces.—A. LINDEMANN (*Zeitschr. f. klin. Med.*, 1912, lxxv, 58) has studied the excretion of diastase in urine and feces, particularly in pancreatic disease. With normal gastric secretion the normal diastatic content of the urine is between 15 and 45 units (Wohlgemuth's method); that of the feces is about 200 units. In anacidity of the stomach the diastase of the urine and feces is