consideration. For control, a test breakfast of 4 biscuits and 10 ounces of water was used. Moore and Allanson in this way found that tea induces more secretion than water, but with varying personal relation; that coffee is more powerful than tea, but with individual susceptibility more marked; that cocoa is more stimulating than water, but less than tea; milk is less than water, probably depending on the inhibitory action of its fat; meat extract is very powerful, while albumen water seems to exert a considerable stimulating effect on gastric secretion. The effect of alcohol and tobacco was tried on two normal individuals, showing that either agent may have a stimulating or a depressing effect on secretion, probably in accordance with the personal susceptibility.

Serodagnosis of Malignant Neoplasms.—P. v. MONAKOW (*Munch. med. Woch.*, 1911, lviii, 2207) has investigated the serodiagnostic test for malignant tumors which was described independently by Freund and Kaminer and by Neuberg. These authors observed that the blood from a carcinomatous patient does not digest cancer cells, whereas normal sera dissolve them. The reaction may fail with normal sera and occasionally cancerous sera cause solution of cancer cells. V. Monakow has examined sera from 15 patients with cancer and 52 sera from non-cancerous individuals. His results are in accord with those of other observers. Combining the statistics reported in literature with his own, he finds that 77 per cent. of normal sera dissolve cancer cells, while 23 per cent. have no effect. Of carcinomatous sera 21 per cent. digested cancer cells, the remaining 79 per cent. producing no solution. The reaction is, therefore, not specific, and must be interpreted with extreme caution.

Fungus Tracheobronchitis.—GEORGE HOWARD HOXIE and FREDERICK C. LAMAR (*Jour. Amer. Med. Assoc.*, 1912, lviii, 95) report 2 cases of bronchitis in which careful examination of the sputum revealed the presence of fungus stalks as the only causative agent. In the first case the symptoms were those of tracheobronchitis with spasmodic cough, relieved by the discharge of pin-head nodules. Such contained stalks of a fungous type, and many bodies the size of epithelial cells. Scrapings from mouth did not show them. The second case was characterized by cough for one year, with one hemorrhage. There were no signs of tuberculosis. The sputum was negative save that it contained an unidentified fungus, growing on potatoes. Hoxie and Lamar believe that the source of infection may have been food, as both patients were vegetarians. They find the literature on the subject very scanty. In America there are no case reports save on streptothrix. They believe the condition is more frequent than the lack of literature indicates, and report these cases with the hope of similar reports, and possible identification of the responsible fungi.

Characteristic Reactions Appearing in the Urine after the Administration of Atophan.—W. SKORCZEWSKI and I. SOHN (*Wien. klin. Woch.*, 1911, xxiv, 1700) have noted several reactions, hitherto undescribed, which appear in the urine after administration of atophan. Skorczewski and Sohn find (1) that the addition of a few drops of the urine to concentrated hydrochloric acid colors the latter canary yellow.

(2) Treated with phosphotungstic acid, the urine of patients receiving atophan yields a yellow precipitate, whereas with normal urine the precipitate is reddish gray. (3) Addition of ammonium sulphate solution and ammonium hydrate colors the urine dark green. Normal urine retains its yellow color. (4) The urine gives the characteristic Ehrlich's diazo reaction. The first three reactions appear within two hours after giving the drug, and are lost one to two days after discontinuing it. The diazo reaction appears twenty-four hours after administration of three grams daily. Skorczewski and Sohn have shown that these reactions are directly attributable to the drug. They have also demonstrated that atophan-urine is capable of reducing potassium permanganate to a certain extent, so that the Folin-Shaffer method for determining uric acid quantitatively is inapplicable in such urines.

The Diagnosis of Renal Lues.—R. BAUER (*Wien. klin. Woch.*, 1911, xxiv, 1458) has made observations on several cases of renal syphilis which he sums up in the following sentences. Luetic infection is undoubtedly capable of causing renal disease, but this is nevertheless rare. The disease may be due to toxins or to a direct invasion of the kidneys by the spirochetes. Unexplained amyloid disease of the kidney is always strongly suggestive of lues. A positive Wassermann serum reaction is, of course, of great value in the diagnosis, and is usually well marked with renal lues. A positive Wassermann reaction in the urine appears to be equally constant. With abundant globulin in the urine (8 to 10 per cent. of the total protein), the reaction is positive in the native specimen, otherwise only in the globulin fraction. At the present time, however, a positive urinary Wassermann reaction has no more significance, so far as the condition of the kidneys is concerned, than a serum reaction.

The Effect of Hydrogen upon the Alimentary Enzymes.—Since hydrogen peroxide has been recommended in the treatment of hyperacidity of the stomach, the observations of L. E. WALBUM (*Berl. klin. Woch.*, 1911, xlviii, 1929) of its action on the alimentary enzymes are of interest. He finds that ptyalin is markedly affected by hydrogen peroxide. A 0.02 per cent. solution inhibits its action slightly, while 0.1 per cent. and stronger solutions practically destroy ptyalin completely. Pepsin and trypsin are relatively immune to its action. They are not destroyed by 0.5 per cent. solutions. Rennin, on the other hand, is very sensitive to hydrogen peroxide, being completely destroyed by a 0.5 per cent. solution and measurably inhibited by a dilution of 1 to 3000.

A Röntgenologic Study of Spastic Obstipation.—G. SINGER and G. HOLZKNECHT (*Münch. med. Woch.*, 1911, lviii, 2537) report a Röntgenologic study of spastic constipation. In the great majority of the cases a marked degree of hypertonicity was found in the distal portion of the colon. Contrasted with this, the proximal portion of the large bowel exhibits normal tonicity with hypermotility. The line of separation between these two portions is variable in location, but is always found somewhere between the hepatic flexure and the end of the descending colon.