

where no signs of insufficiency are present, syphilis should be thought of and a Wassermann done. Cardiac disease, especially valvular stenosis exerts a considerable influence on growth. From the literature on this subject one concludes that mitral stenosis has been observed at autopsy in infants; that it has been observed in children over five years old with no apparent etiological factor present though without sufficient evidence of their being "congenital"; no case of mitral stenosis has been found reported in children between the ages of infancy and five years. Weber suggests that in the small size of the body in these cases one sees a "conservative adaptation or conservative hypoplasia of the whole body—nature's attempt to limit the growth of the patient in accordance with the limited blood supply."

Treatment of Scarlet Fever with Fresh Blood from Convalescent Patients.—ABRAHAM ZINGHER (*New York State Jour. Med.*, 1916, xvi, 112) reports the results of injecting fresh blood from convalescents into the muscles of scarlet fever patients. This method for the intramuscular injection of whole blood represents a convenient way of giving a patient human serum. The following muscles are chosen and a syringe (one ounce) of blood is injected into each place: the gluteal regions, the outer regions of the thighs, the calves and the triceps muscles. The blood is taken from the median cephalic vein of the donor. From four to eight ounces of blood are taken. Absorption from the muscles takes place rapidly and usually without further local irritation. Fourteen cases of toxic scarlet fever were injected. They were selected out of 650 admissions on account of the severity of symptoms. Of the 14 cases 4 died, being almost moribund on admission. The amount of blood injected varied from 75 c.c. to 250 c.c. Larger quantities, from 8 to 10 ounces have been found to exert a distinctly beneficial effect in some very septic late cases. The effect of the blood in the 10 recovered cases was as follows: Some of the cases showed a very definite relationship between the injection and a critical drop in temperature with improvement of the circulation, general condition and especially mental condition. The reaction begins from two to four hours after injection and is completed in nine to fourteen hours. It has no effect on secondary septic conditions. The pulse becomes stronger, steadier, and slower. Cardiac symptoms and the cyanosis improve and respiration becomes more normal. General condition improves perceptibly and subjective symptoms disappear. Rash fades rapidly. If any benefit is to be derived from convalescent blood its action must be brought into play early, before toxemia is overwhelming. Addresses of convalescents can be kept on record and donors in this way may be sent to private homes. Considerably more therapeutic work of this kind must be done before definite conclusions as to the value of this treatment can be made.