so-called thyroidism were absent, viz., headaches and rheumatic pains. For these reasons the author seems justified in looking on the case as one of Basedow's disease due to excessive thyroid consumption. A symptomatic Basedow's disease on the basis of a thyroiditis seems negated by the absence of fever and local signs. The article ends with a theoretical discussion of the nature of Basedow's disease, in which nothing new is brought out, but which covers the previous literature quite thoroughly.

Beri-beri in Sucklings.—HIROTA (*Centralblatt f. inn. Med.*, 1898, No. 16) has made an important observation on a disease in infants nursed by mothers with beri-beri. It has been thought that beri-beri never occurred in children before the second dentition. The author, however, has been able to see fifty-two cases of the affection in infants not from one to thirteen months. All were nursed by women with beri-beri. Five died, five more could not be followed up. Medicines had no effect on the symptoms, but all the cases that recovered did so within a few days after the patients were put on cow's milk, condensed milk, or nursed by healthy women. From the rapidity of the improvement it could hardly be thought that the symptoms were due to anything but an intoxication from the milk. A comparison of the symptoms shows a close resemblance with those of beri-beri in the adult. Diarrhoea, uncommon in adults with beri-beri, was sometimes present, and the indican reaction almost always present in beri-beri was absent (perhaps on account of the diarrhoea). The author looks on these observations as proving that beri-beri is the result of an intoxication, although he has been unable to find the toxic substance.

Valsalva's Experiment in Open Pneumothorax after Costal Resection as a Measure of the Expansibility of the Lungs.—REISENOTH has made some interesting experiments on this subject, taking sphygmograms while the patient made expiratory efforts with the mouth and nose [or the glottis] closed. A number of clinical histories are cited, with tracings, which indicate that the method may have considerable prognostic value. In order to obtain trustworthy results it is essential that the resection opening permits the passage of air, and cannot be closed by the lung or diaphragm. In case of pneumothorax of large size the sphygmogram taken during Valsalva's experiment will not show the usual rise of venous congestion if there is a large fistulous opening between the bronchial tree and the pleura, or if the affected lung is capable of expansion. If we can exclude the first possibility the method indicates whether the lung is impossible or difficult to expand. From the author's results this method seems more reliable than the manometric one, or than by filling the cavity with water.—*Deutsches Archiv f. klin. Med.*, Bd. 60, p. 111.

The Blood Changes in Typhoid Fever.—KÖLNER (*Deutsches Archiv f. klin. Med.*, Bd. 60, p. 221) has made extensive examinations which confirm a number of previous observations and clear up certain contradictions. The author is at times too optimistic. He thinks the leucocyte count is of value in distinguishing typhoid fever from general miliary tuberculosis, but both Cabot and Wurtbin have shown that the latter disease, like typhoid fever,

may show a subnormal number of leucocytes. In uncomplicated typhoid fever Kölner never observed leucocytosis. Usually the number was subnormal, even as low as 1000 per c.mm. There was no positive relation between the number of the leucocytes and the temperature. In some cases the count fell as the disease became worse. The author thinks that in general the number of leucocytes is less in the second and third than in the first and fourth weeks, and that in convalescence the leucocytes increase, sometimes above normal. Age does not seem to affect the results. [The author did not examine any cases in children.] The condition of the leucocytes in the complications of typhoid are interesting. In many cases with suppurating complications [streptococcus pneumonia and otitis media, decubital abscess, bronchitis], in intestinal hemorrhages [two out of three cases] there was no increase of leucocytes above normal. In one case of hemorrhage there was temporary leucocytosis [to 9300], and in a case with severe course and obscure abdominal symptoms there was increase to 11,200 leucocytes. The author properly warns against placing too much reliance on the blood examinations alone, but thinks the hypoleucocytosis more reliable than roseolæ, enlarged spleen, typhoid stools, or the fever course. Prognostic value the matter has none. Kölner found the red corpuscles constantly diminished in typhoid fever, the hæmoglobin also, and to a greater degree. These began very early, though sometimes masked by various conditions that cause a concentration of the blood. The hæmoglobin usually reached its lowest point before the end of the defervescence, but sometimes remained at this point or even continued to fall. In some of the latter cases there were explanations for the further fall in the faulty nutrition of the patients. In convalescence the improvement was rapid, usually in proportion to the previous fall, and the corpuscles often showed greater variations than the hæmoglobin.

Intestinal Auto-intoxication at the Congress for Internal Medicine.—

The discussion showed slight tendency to unanimity, both as to pathology and therapeutics. MÜLLER held that intoxications from the intestinal tract are not auto-intoxications properly speaking, because they are due to saprophytic germs in the stomach and intestines. Many so-called auto-intoxications are really instances of unrecognized food-poisoning, not necessarily due always to toxins or toxalbumins. It is very doubtful whether albumin-putrefaction in the intestine causes symptoms of poisoning; the products of intestinal germs are very slightly toxic. But the occurrence of autocatholous decomposition of the intestinal contents cannot be doubted. The severity of the symptoms in many cases of gastro-intestinal disease, especially in children, points to the possibility, as do also certain skin diseases (*e. g.*, urticaria) occurring in the course of intestinal disturbances. So-called idiosyncrasy is often vasomotor anomaly from an intestinal reflex. Müller condemned the French doctrine of auto-infection as exaggerated, resting as it does partly on erroneous ideas about the normal bacteria of the mouth, pharynx, etc., and claimed that what is called auto-intoxication is really infection acquired often by contagion. Müller decried all medicinal so-called intestinal antiseptics. Calomel is cathartic rather than antiseptic. Laxative and cathartics are useful. BRIEGER spoke of the lack of exact chemical knowledge on the subject, and especially that regarding the toxicity of the urine. The potash