Boyer, L. ALBUMIN CONTENT OF CEREBROSPINAL FLUID. [Paris médical, June 15, 1918.]

Boyer recommends, for quick and accurate results, the diaphanoscopic method. The spinal fluid is treated with a solution precipitating albumins and then compared with a scale of standard solutions of albumin treated with equal amounts of the precipitant. The precipitant preferred is made by mixing thirteen grams of crystalline salicylic acid with fifteen mls of pure sulphuric acid in the cold in a porcelain dish. The mixture liquefies, then crystallizes. It is fused again with gentle heat, allowed to cool, enough distilled water is added to make 100 mls, and the resulting solution is filtered. The standard albumin preparations are made preferably with a mixture of blood serum from several persons. To one mil of serum are added seventy-four mls of normal saline solution, thus forming a 1 in 1,000 albumin solution from which greater dilutions, viz., 0.2, 0.3, 0.4 in 1,000, up to 1 in 1,000, are made by adding suitable amounts of normal saline. In each of ten small tubes of equal size, preferably discarded surgical gut tubes, are placed two mls of one of these dilutions of the albumin solution and one mil of the precipitant solution; the tubes are then sealed and labeled, constituting permanent albumin standards. For receiving the spinal fluid another tube of exactly the same size is used, with 2, 3, and 6 mil marks filed on it. Spinal fluid is introduced up to the first mark, precipitant solution up to the second, and the tube stoppered, shaken a few times, and compared with the standard albumin tubes, likewise previously shaken. The comparison may be made either by looking through the tubes toward the source of light or by reflection, the tubes being well illuminated and looked at against a dark background. Where the opacity of a specimen is greater than that of the standard 1 in 1,000 solution, saline solution is added up to the 6 mil mark and the figure resulting from the comparison multiplied by two.

Larkin, John, and Cornwall, L. H. SPINAL FLUID IN POLIOMYELITIS. [Arch. Ped., Aug., 1918.]

Larkin and Cornwall, on a basis of the examination of the cerebrospinal fluid in fifty patients with poliomyelitis, believe that the increase of the pressure is the most persistent of the changes in the spinal fluid. It does not disappear for several months. From the tenth day onward it is present in nearly all cases. In 93.5 per cent. of fluids examined from the first to the fifteenth day of illness there was an increase, 93 per cent. showed an increase in globulin and appeared before the pleocytosis and persisted longer. This pleocytosis was present in 86 per cent. of fluids. The small lymphocytes predominated. Leucocytosis was highest during the first ten days, averaging 18,500. No curve noted with the colloidal gold reaction diagnostic of anterior poliomyelitis and there was no parallelism between the colloidal gold curve and