reaction positive in a great many diseases other than progressive paralysis and in the latter his positive findings were proportionally much lower than Butenko's. He, therefore, concludes that the reaction is without diagnostic value.

On the Transmission of Scarlatina to the Chimpanzee.—LANDSTEINER, LEVADITI, and PRASEK (*Compt. rend. Soc. de biol.*, Paris, 1911, 641) have made several attempts to infect a chimpanzee with virulent matter from a child suffering from scarlatina. In their first experiment the throat of the chimpanzee was painted with material taken from the tonsils and pharynx of children suffering with scarlet fever with angina. This was followed in two days by a redness and swelling of the tonsils, fever, and presence of streptococci in the tonsillar secretions. Four days after the inoculation the throat was painted again and 75 c.c. of defibrinated blood taken from a severe case of scarlet fever were inoculated. Two days later there were redness and intense swelling of the pharynx, tonsils, and pillars of the fauces; white deposits on the tonsillar mucosa, and a general exanthem. The animal was very ill and died three days later. Abscesses formed at the point of inoculation of the blood. Autopsy: Swelling of the cervical glands and mediastinal glands; points of interstitial inflammation in the kidneys; lesions of the skin resembling those in scarlet fever. In the second case the injection of 50 c.c. of scarlatinal blood under the skin and painting of the throat as before was followed in forty-eight hours by slight fever and tonsillitis. There were no general phenomena. Reinjection ten days later produced tonsillitis again. Inoculation of streptococci isolated from the throat of these chimpanzees produced no result in the throats of others. In other words, painting the throats of the chimpanzee with products coming from scarlatinal children provokes an angina similar to that of patients suffering from scarlet fever, but it is not certain whether this angina is produced by the scarlatinal virus or by some other infection. While the observation is single and insufficient in itself, the authors point to the advisability of further experiments of the same nature.

Use of Urotropin in Pneumonia.—SHATTUCK (*Bost. Med. and Surg. Jour.*, 1911, clxiv, 842) reports his experience with the routine use of urotropin in pneumonia. It was originally given as a preventative for empyema in doses of 10 grains, *t. i. d.*, but after a study of 59 cases treated with the drug, as compared to 188 not treated with it, the incidence of empyema was certainly not lowered. The hopeful feature of the treatment is the fact that no pericarditis or otitis media developed in any of the cases.

Antityphoid Vaccination per Rectum.—COURMONT and ROCHAIX (*Presse Méd.*, 1911, 453) have vaccinated men per rectum against typhoid fever instead of subcutaneously. A bouillon culture of *Bacillus typhosus* was killed by heating to 53° C. After a preliminary evacuant enema, the patient was given 100 c.c. of this suspension of dead bacilli through a high rectal tube, 15 drops of laudanum being added to facilitate retention. The enema was retained about twenty-four hours. In no case was there fever, malaise, colic, or backache. The enemata

were repeated at the end of five and ten days. After a period of ten days the serum of the individual showed marked changes to the *Bacillus typhosus*. The agglutinative power had risen to 1 in 30; the bacteriolytic to 1 in 20, while the bacteriocidal power soon reached 1 in 1000. Should this method, after due trial, prove effectual, objection to anti-typhoid vaccination would be reduced to a minimum, for all complaint has been based upon pain in the joints and backaches, the malaise and fever incident to the first subcutaneous inoculation.

Treatment of Diabetics with Soda Bicarbonate, Intravenously.—Lépine and Labbe have for some time advised the treatment of diabetics in coma or showing premonitory signs with soda bicarbonate, intravenously. SICARD and SALIN (*Bull. et Mém. Soc. Méd. d. hôp. de Paris*, 1911, xxviii, 854) now advocate its use in certain diabetic conditions dissociated from coma, such as pruritus and muscle pains, but which have resisted dietetic and medicinal efforts. They have used much stronger solutions with great success, and observe that a solution of 9 or 10 per cent. in place of 1 or 3 per cent. is well borne by the patient and can be freely repeated. The solution is, of course, sterilized in a closed flask and used in amounts of 100 to 250 c.c. This represents in 100 c.c. about 10 grams, or 280 grains, of the bicarbonate. The injection is made into the veins of the arm, but the greatest care must be exercised not to get the solution into the surrounding tissues, because it is very caustic. The possibilities of such concentrated doses are much increased when one remembers that in coma or in cases showing premonitory signs, it may be necessary to use large doses of bicarbonate, and at the same time avoid raising blood pressure by injections of great volume.

Angina Pectoris with Vasomotor Excitability.—MACKENZIE (*Heart*, 1911, ii, 265) has observed a man, aged thirty-five years, who had rheumatic fever and syphilis. For five years he had frequent attacks of pains in the chest, with fever, nausea, and palpitation, coming on even when he was quiet. He always avoided motion and generally had a pulse of 70 to 90 per minute, and blood pressure of 130. The heart was enlarged and gave clinical evidence of aortic regurgitation and stenosis. The pain was typical in distribution to the left chest and arm. In an attack the pulse rate rose to 120 and the pressure to 240, varying directly with the severity of the pain. Following the administration of amyl nitrate, the pressure sank to 150, coincident with the cessation of pain, but pressure rose and pain returned as the effects of the drug wore off. Morphine and chloroform produced similar effects. Realizing that the nervous system was at fault, as shown by the vasoconstrictor mechanism, he was given bromides with good effect. At autopsy aortic regurgitation and hypertrophy were found, with no great involvement of the coronary arteries. The association of aortic valve disease with angina is well known, and this case presents the typical features of arterial constriction, more marked in cases of aortic valvular disease than in other forms of angina. In all forms of angina much more efficient results can be obtained by attention to the nervous system than by cardiac therapy, and bromides are ideal for such a purpose.