AUTHORS' ABSTRACTS.

Medicine (Internal Diseases, Pediatrics, Neurology, Diagnostic Methods, etc.)

The Interpretation of Serum Reactions. By J. H. Black, Dallas, Texas. *Texas Medical News*, December, 1914, pp. 201-205.

Granting that a serum reaction has been done properly by a competent serologist, the interpretation of his report is a matter of considerable importance. Laboratory reports are seldom capable of definitely establishing a diagnosis but must be taken in conjunction with the clinical findings. In serum work we are dealing with substances whose definite character we do not know, and variations in their characteristics which we do not detect may lead to variable results. In regard to specific reactions:

Vaccine prophylaxis and treatment of typhoid cause agglutination to be formed and a positive Widal is valueless after their use. The paratyphoids are found more frequently than is generally believed, hence these organisms should also be used for agglutination reactions.

A positive Wassermann reaction generally means a syphilitic infection. A negative reaction means little. The report should be always considered in the light of the clinical findings. Spinal fluid examinations are more valuable in latent and nervous system involvements. Active treatment obscures the serologic picture even though the patient may not be cured. Provocative treatment may bring out a previously obscure finding. Alcohol prevents fixation.

Complement fixation is of considerable value in the diagnosis and prognosis of chronic gonococcal infections. It is subject to the same interpretation as the Wassermann.

The determination of protein excess in the spinal fluid is of much value in differentiating general paresis, cerebro-spinal syphilis, etc.

The specificity of Abderhalden's protective ferments is questioned and the value of this work still doubtful.

Clinical and Experimental Studies Upon the Injection of Alcohol Into the Gasserian Ganglion for the Relief of Trigeminal Neuralgia (Illustrated.) By Charles Metcalfe Byrnes, Baltimore, Md. *Bulletin of Johns Hopkins Hospital*, January, 1915, pp. 1-19.

After five years' experience with deep neural injections in the treatment of the douloureux, Byrnes adopted intraganglionic injections, with the hope of securing more lasting relief.

He reviews the methods by which chemical substances have been injected into the Gasserian ganglion, and gives an illustration of an instrument he has devised, which has enabled him to locate the foramen ovale with greater accuracy, thus simplifying the technique of ganglion injections.

In Byrnes' fourteen cases treated by this method the clinical results have been most satisfactory. One case, in which the patient continued to suffer for five years after surgical removal of the ganglion, is of special interest, since immediate re-

lief was afforded by one injection of alcohol into the ganglionic fossa.

The second part of the paper is concerned with experimental injection of the ganglion. The excellent illustrations of the histological changes following these experiments will be more instructive than the brief description which could be given in this limited space.

From clinical and experimental studies, the author makes several important conclusions: The treatment itself is not unduly painful; an anesthetic is not required, and a single successful injection is followed by immediate relief of pain, and all the symptoms indicative of complete removal of the ganglion. No fatalities have been reported. While experimental evidence would indicate that the ganglion can be permanently destroyed by a single injection, the author is of the opinion that permanent relief may be obtained from repeated injections.

Enteroptosis (Glenard's Disease). By O. Lerch, New Orleans, La. *New York Medical Journal*, December 15, 1914.

Lerch calls attention to frequency of this anomaly, its serious character as basis of organic disease. If the pathologists do not agree to this it is because in cases examined post-mortem the abdominal organs and the heart have returned to normal position. He concludes that enteroptosis is due to form of spine and describes two types, one tall, slender, with an almost straight spine, and the other short and stout, with excessive lumbar curve. Both types are characterized by the symptoms of hysteria, neurasthenia, and visceral neuroses, caused by circulatory disturbances—too much blood in the abdomen, not enough in the upper portion of body. The symptoms of the mental and visceral neuroses, the entire absence of an explanatory pathology for any one of them, the heredity that can be traced through generations, its enormous frequency in both sexes, prevalence in women, the beginning of marked symptoms of pain and suffering at the time of puberty and of the menopause, their great variety and constant change, their occurrence in childhood, their increase during the time of menstruation, and their direct cause, overwork, worry, trauma, and child birth, are features common to the neuroses and to enteroptosis, suggesting that enteroptosis and the neuroses are one and the same diseases, as claimed by Glenard after an examination of 3,000 patients. Glenard relied mainly on palpation. Lerch, from study of 2,700 cases, relies on his method of drop percussion, which enabled him to percuss the thymus, the large vessels and the kidneys, and to show thymus is always enlarged, and distended with blood in asthma, common in enteroptosis, and small in the obese.

The Microscopy of the Urinary Sediments in Life Insurance Examinations. By W. F. Thomson, Beaumont, Texas. *Texas State Journal of Medicine*, October, 1914, pp. 232, 233.

From the standpoint of insurance, it is a serious mistake to disregard the presence of small, hyaline casts in the urinary sediment, even when albumen cannot be detected by the usual chemical