

such results could be translated with safety to the pasteurization of large volumes of milk under commercial conditions. Schorer and Rosenau undertook to determine the effectiveness of commercial pasteurization. Tests were made at a large dairy, in which the method used was the "holding," consisting briefly in heating the milk to 140° to 155° F., and putting it into a receptacle which keeps the milk at this temperature from twenty minutes to an hour. Schorer and Rosenau made 4 tests with 100 gallons of milk. In two, it was planned to heat the milk to 140° F., and in two to 145° F. The temperature attempted was not attained. They tested the efficiency of the apparatus in destroying microorganisms which are most common and serious. In 2 tests with diphtheria, 1 succeeded, 1 failed; in 2 with typhoid, 1 succeeded, 1 failed; in 2 with human tuberculosis, both failed; and in 2 with bovine tuberculosis, 1 succeeded, 1 failed. However, in these cases which failed to kill the tubercle bacillus, only some of the bacteria survived. Fewer guinea-pigs inoculated with the heated milk developed the disease than control animals. The disease was more localized and atypical. From their observations Schorer and Rosenau believe that organisms in milk will be destroyed if heated for twenty minutes at 140° F. Since in practice, milk may not reach even minimum requirements, a liberal factor of safety is necessary commercially. Moreover, the process must not be unduly hurried, thus increasing the physical difficulties of heating all portions uniformly. Finally, Schorer and Rosenau consider official control of pasteurization necessary. It is as important to standardize and guard devices for the temperature recordance of a pasteurization apparatus, as to watch weights and measures.

A New Symptom of Aneurysm of the Aorta.—R. V. HOESSLIN (*Munch. med. Woch.*, 1912, lix, 24) describes a type of respiration in a patient with aneurysm of the aorta, which is unique, so far as he can discover. The patient was suffering from a gradually increasing compression of the left bronchus. With the growth of the aneurysm the trachea became involved in the pressure. For two days preceding death, the inspiration was stridorous and somewhat prolonged, the expiration interrupted. It was found that the interruptions were synchronous with diastole. The phenomenon is somewhat analogous to interrupted vesicular breathing. In the latter, however, the interruptions are synchronous with systole and occur during inspiration. The cause of the "diastolic expiration," as V. Hoesslin designates the condition, is clear. The compression of the trachea had progressed to such an extent that air could escape from the lungs only during diastole, when the sac diminished in size.

Röntgen Examination and Glycyl-tryptophan in the Diagnosis of Cancer of the Stomach.—C. KAYSER (*Deutsch. med. Woch.*, 1912, xxxviii, 551) finds that the interpretation of the glycyl-tryptophan test of Neubauer and Fischer is facilitated by röntgenologic studies of the stomach. From a study of 50 gastric cases, he arrived at the following conclusions: (1) The diagnosis of gastric carcinoma is simplified both by Röntgen ray examination and by the glycyl-tryptophan test of Neubauer and Fischer. Cases of cancer have been recognized by these means which