

is practically certain if the quantity of diastase rises. The examinations must be begun soon after the injury. Beyond seventy-two, or, at the most, ninety-six hours, the diastase will probably have returned to normal. The increase is attributed to escape of pancreatic juice into the peritoneal cavity, with subsequent absorption into the blood. Since the increase of blood diastase leads to increase of the urinary diastase, the urine should also be examined for confirmatory evidence. Normally, in the urine of man  $d_{30}^{38.0} = 16$  to 32; it never exceeds 64. In 2 human cases Noguchi has used this method with success. The work will be reported by him in detail in the *Archiv f. klin. Chirurgie*.

**Fatty Stools in Basedow's Disease.**—A. BITTORF (*Deutsch. med. Woch.*, 1912, xxxviii, 1034) reports a case of severe exophthalmic goitre, in which fatty stools were observed. Falta reported 6 similar cases in 1910 and assumed that the condition was due to a disturbance of the internal secretion of the pancreas, though in his cases the external secretion was apparently not examined. In the present case, Bittorf has shown that there was an insufficiency of the external secretion. There was almost a total absence of trypsin and an excess of unaltered muscle fibers in the feces. After the administration of pancreon, the fat content of the dried feces sank from 50 per cent. to about 17 per cent., the fat loss in percentage of fat intake from 60 to 75 per cent. to 14 to 15 per cent. Alimentary glycosuria could not be tested in this case, but Bittorf has frequently observed it in Basedow's disease, and believes that there is no relation between fat and carbohydrate derangements in this disease.

**The Treatment of Rat-bite Disease with Salvarsan.**—S. HATA (*Munch. med. Woch.*, 1912, lix, 354) has collected the data of 8 cases of rat-bite disease, occurring in various parts of Japan, all of which were treated with salvarsan. The salvarsan was administered at different stages of the disease and also in the febrile and afebrile periods. In all instances the injection of salvarsan produces a striking result. Except in 3 cases, a single intravenous injection sufficed to prevent further manifestations of the disease. There was observed, however, a rise of temperature in the night following the injection or several days later, but none of the other characteristic symptoms of the paroxysm was present. Hata interprets this elevation of temperature as a reaction from the drug. With defervescence there was a marked and rapid improvement of the general condition of the patient, the inflammatory processes disappeared, and the exanthem cleared up. Gradually the tumefaction of the lymphatic glands went down, and within a few weeks the patients were well. In 1 case, however, a cure was not obtained, though there was great improvement. In 2 cases recurrences were met with, but the dose of the drug employed was too small. Hata is unwilling to say that salvarsan is a specific in rat-bite disease, but the results are better than those obtained with other forms of treatment.

**The Differentiation of Human and Bovine Tubercle Bacilli by Cutaneous Infection of Guinea-pigs.**—E. TOMARKIN and S. PESCHIC (*Deutsch. med. Woch.*, 1912, xxxviii, 1032), at the suggestion of Prof.