

associated with any fats, animal or vegetable. When fat-soluble A is lacking the above mentioned xerophthalmia is produced. Water-soluble B is the "curative" substance for polyneuritis. According to McCollum, these two syndromes are the only two deficiency diseases in the sense in which Funk employed the term. Scurvy and pellagra, while due to faulty diet, can be explained in other ways than by the lack of a specific complex in the diet. The subject of scurvy as it appears when produced experimentally in animals is discussed rather extensively with a number of references to the literature. Recovery from this disease, following a change of diet, McCollum concludes, can be better explained than by the introduction of a hypothetical antiscorbutic substance. Hess' observation that one of the most common symptoms of scurvy is oliguria is quoted as important as explaining the therapeutic effects of citric acid. It is not necessary, the author thinks, to assume the invasion of the body by organisms as a factor in the causation of scurvy, although this may take place. The adsorption of abnormal decomposition products of proteins may be chiefly responsible for the pathologic changes. Goldberger and his associates have solved one of the greatest public health problems in proving that there are certain types of food mixtures, such as combinations in which seeds, tubers, edible roots and meats are either singly or collectively combined with suitable amounts of the leafy portion of the plant, and combinations of seeds, tubers, roots, meats and leaves, singly or collectively, with liberal amounts of milk, that can relieve the symptoms of pellagra. The faults in such diets as are derived largely from seed products, tubers, molasses and fat meats are generally those of all seed diets, but where the endosperm of the seeds predominates, as in bolted flour or rice and degerminated corn meal, the deficiencies are much more pronounced. The infection theory of pellagra cannot be at present dismissed, but if it is the result of infection the latter is superimposed on a certain degree of debility that results from defective diet. McCollum considers it practically demonstrated that it cannot be due to absence of any unidentified dietary essential, but rather to the lack of storage or protective foods, as he calls them, that are found in the leafy portion of the food.

Serge Voronoff and Evelyn Bostwick. ORGANOTHERAPY IN WOUNDS. [Presse médicale, Sept. 9, 1918.]

These authors report that, after much experimentation at the Collège de France, they were able to cause healing of extensive and deep wounds in a few days, by applying locally the pulp of sex glands procured by castrating young animals. The cells of these glands, through the secretion they contain and which is absorbed by the wound, exert an intense accelerating action on the process of granulation. The organ found most effectual in these experiments would, *a priori*, have been considered that most suitable, owing to its especial vital energy. Animals deprived

of these organs are known to accumulate fat at the expense of their muscles and to become apathetic and passive. In the wounds treated with this material, its use often had to be discontinued after a few days in order not to exceed the results sought and cause projection of new tissue beyond the level of the wound cavity by reason of a too intense development of granulations. With the aid of this treatment its sponsors hope to spare the wounded long months of suffering and considerably shorten their stay in hospitals. This method is being tried at Carrel's hospital.

Roth, H. PAROXYSMAL TACHYCARDIA. [Corresp. f. Schw. Aerzte, August 17, 1918.]

This author says that this differentiation appears to be easy, but there are many different conditions which give rise to the same symptoms. There can be no rational therapeutics in its absence. The heart with this behavior may be healthy or diseased. Paroxysmal tachycardia is closely allied to extrasystoles; the mechanisms of both phenomena are related. The structures of the heart involved in both are the sinus, auricle, atrioventricular nodes and certain portions of the ventricle. The author goes so far as to state that the two phenomena are virtually one not only in mechanism but in etiology. It is known that in arrhythmia perpetua the phenomenon in question cannot be elicited. Disturbances of conduction stand in some relationship to paroxysmal tachycardia. Total atrioventricular dissociation prevents the development of ventricular tachycardia outright. The nervous factors are vagus paralysis, accelerator stimulation, or both combined. The essential factor, however, is pathological irritability of the cardiac muscle fibers. The importance of the nerve mechanism in these attacks is shown by the presence of psychogenic forms. The author cites cases: A soldier of twenty-two years had palpitation. A year before he had had follicular tonsillitis. During a paroxysm he had no dyspnea nor were there any evidences of dilatation. There was marked venous pulsation in the neck. The pulse was 225. Compression of the eyeball brought about a notable reduction in frequency, which held until the attack passed off. The patient ultimately recovered from these crises. From an analysis of polygrams under various conditions, including the use of atropine and adrenaline, it seemed that the tachycardia originated in the sinus. Of four other cases given in detail all were also examples of sinus tachycardia, which is therefore not uncommon.

Claude, Henri. NERVOUS FORM OF ENDOCARDITIS LENTA. [Bulletin de l'Académie de médecine, March 12, 1918.]

The author reports the case of a young man of eighteen suffering from marked anemia, lassitude, and a temperature ranging between 38° and 39° C., with a slight systolic murmur at the apex. Six months before he had developed severe chorea, which had lasted over two