

as the stage of the disease is difficult to determine. Children are poor subjects for acute septic infection of the peritoneum, the appendix is often in a high position, and adhesions are not readily formed. The safest course in children is not to be too confident of one's power to estimate the exact condition of the appendix, but to make a definite diagnosis of the disease at the earliest stage of its course, so that prompt surgical treatment may avert a fatal conclusion.

Saline Solutions in Epidemic Diarrhea.—J. ROSS MACKENZIE (*British Jour. Child. Dis.*, 1912, ix, 343) investigated the efficacy of injections of normal saline solution and sea water plasma in epidemic diarrhea. In 85 per cent. of the cases the routine treatment was efficacious. This treatment consisted, briefly, of gastric lavage, starvation for twenty-four hours, elimination by castor oil, bowel irrigation with normal saline solution, and castor oil, 4 minims every four hours as an astringent. In the 15 per cent. of cases resisting this treatment, the morbid conditions were: persistent vomiting and diarrhea, profound toxemia and collapse, and anuria. The daily urinary output is an index to the severity of the toxemia. Anuria is the key to the moribund condition in epidemic diarrhea, and is caused by lowering of the general blood pressure, and that of the kidneys in particular. Mackenzie is convinced that the subcutaneous injection of sea-water plasma, normal saline solution, or sterile water shows an immediate response, not from any particular or isolated constituent of the fluid, but from an increased blood pressure. This promotes an increased secretion of urine, and the passage of a large quantity of accumulated toxins. Normal saline solution and especially hypertonic saline solution acts more permanently, but not more rapidly than sterile water. This greater permanency is probably due to the saline constituents. The comparative value of normal saline solution and sea-water plasma in this condition cannot be estimated fully. Of Mackenzie's cases resisting ordinary treatment, 12 per cent. responded to injections of sterile water or saline solutions. The immediate effects of both these fluids were increased blood pressure and disappearance of diarrhea, collapse and anuria. Normal saline solution is as efficacious, if not as permanent in effect as salt-water plasma, and has the advantage of being cheap and easily available everywhere. The earliest indications of collapse call for subcutaneous injections of saline solution.

Are the Inclusion Bodies in Leukocytes Pathognomonic of Scarlet Fever.—H. BONGARTZ (*Berlin. klin. Woch.*, 1912, xlix, 2124) reports his observations in a study of 80 cases, relative to the inclusion bodies in the leukocytes first reported by Döle as occurring in scarlet fever, and corroborated by Kretschmer of Strassburg and by Nicoll and Williams of New York. The inclusion bodies are small corpuscular elements within the protoplasm of the leukocytes and distinguished from the nucleus by being less intensely stained. The three forms usually seen are in shape similar to a coccus, a bacillus, and a crescent. From 1 to 6 bodies are usually found in one leukocyte. The other three observers tended to the belief that these bodies were usually found only in scarlet fever. Bongartz's observations aimed to deter-