A Contribution to the Treatment of Cyclical Vomiting. By E. Klebe (Mediz. Klinik, 1931, Nr. 15, p. 546).—The author describes his method of treatment of his own child. The attack was preceded by slight oedema of the eyelids and face, the occurrence of abdominal pains and marked pallor. Albuminuria was never detected. On the assumption that the abdominal pains were allied in nature to migraine he gave at the onset of the premonitory symptoms two cups of sweetened coffee (containing about 0·1 gm. of caffein), and found that the attack was immediately inhibited with rapid return of the child to normality (good appetite, &c.). In all previous attacks after the cessation of vomiting the child had of necessity to be kept in bed and had no inclination to eat for several days. The effect was not due to the sugar, as sweetened tea (which did not contain as much caffein) did not produce the same results. He is now always able to prevent an attack, and he suggests in very severe cases the administration of caffein alone or in conjunction with antipyrin.—Noah Morris.

Blood Changes in Various Types of Jaundice. By I. Kirsten and E. Papenkort (Mediz. Klinik, 1930, Nr. 50, p. 1857).—The authors have investigated the blood changes in 26 patients with hemolytic jaundice due to toxic action on the liver, 11 patient with obstructive jaundice and 9 with cirrhosis of the liver having definite increase of bilirubin in the blood. The following table is a summary of their results:

|                     | Hemolytic Jaundice | Obstructive Jaundice | Hepatic Cirrhosis |
|---------------------|--------------------|----------------------|-------------------|
| Haemoglobin,         | 0                  | (26)                 | (20)              |
| Erythrocytes,       | 0                  | (24)                 | (27)              |
| Corpuscular volume, | 0                  | (14)                 | 0                 |
| Polymorph. leucocytes, | (17)         | 0                    | 0                 |
| Lymphocytes,        | + (50)             | 0                    | + (19)            |
| Sedimentation time, | + (200)            | + (700)              | + (700)           |
| Coagulation time,   | + (50)             | + (50)               | + (50)            |
| Fibrinogen,         | (50)               | 0                    | 0                 |
| Serum protein,      | + (13)             | 0                    | 0                 |
| Blood sugar,        | (16)               | 0                    | 0                 |

+ indicates increase over normal value.  - decrease.  0 no change.

The figures in brackets give the average percentage change.

—Noah Morris.
The Äetiologie and Pathogenesis of Eczema. By Escudero Pedro (Rev. Súd-Amér. de Méd. et de Chirurg., Novr., 1930, Tome 1, No. 11).—"Occult diabetes" and "latent diabetes" are the names given to two distinct metabolic disorders described by the author. In these disorders the symptoms characteristic of true diabetes, namely, thirst and polyuria, are absent, and acidosis is never present. Eczema constitutes the principal clinical manifestation of the two states, and the type of eczema is remarkable in its chronicity and in its resistance to all the classical methods of treatment, both local and general.

In occult diabetes there is a constant hyperglycæmia above 0.13 per cent without glycosuria, and the patients are often obese. If the carbohydrates in the diet be restricted, insulin given, and the patient's weight brought back to a normal level, cure of the diabetes and of the eczema results.

In latent diabetes there is a combined derangement of the carbohydrate and fat metabolism; that of the carbohydrates is slight and of the fats marked. The values in the blood for the total lipoids, fatty acids, cholesterin, and lecithin are greatly increased. A diet deficient in fat combined with large doses of insulin and a carbohydrate régime appropriate for the individual results in cure. The fat content of the blood falls to normal as the patient recovers, and rises again during relapses.

Two cases of latent diabetes are described in detail. In the one the sugar tolerance curve was normal and there was no glycosuria, but aggravation of the eczema followed an excess of carbohydrates in the diet. In this case carbohydrates and fats were restricted and large doses of insulin given, with a satisfactory result. In the other case the sugar tolerance curve was normal in height, though prolonged, and a slight glycosuria was present. A good result was obtained in this case by increasing the carbohydrate intake, restricting the fats and giving large doses of insulin.

In types of eczema, such as the foregoing, due to some metabolic error, treatment directed towards correcting that error succeeds, and without treatment locally, where all the classical methods of treatment have failed.

—Mary Sloan Smith.

SURGERY.

Anal Cancer. By Curtis Rosser, M.D. (American Journal of Surgery, February, 1931, vol. xi, No. 2, p. 328.)—The writer states that anal cancer has been variously estimated as from 1 per cent to more than 10 per cent of all rectal cancers, and he attributes this to differing conceptions of the anal limits.

The views of various authorities are given on the chronic irritation theory, and on predisposition from pre-existing conditions, such as adenomas, multiple polyposis, hæmorrhoids, fistule, or cicatrices.

The author then records 13 cases of anal cancer from his own "rectal services." "In 12 of these, benign anal pathology is believed to have been present before the onset of malignancy, and to have brought about a local tissue predisposition." The benign anal pathology in these cases was fistula, 5 cases (all negroes, male and female); fistula and hæmorrhoids, 1 case (male, white); fistula and anal polyp, 1 case (female, white); chronic cryptitis and papillitis,