

The general management of the cases often calls for a combination of several diuretics, usually digitalis with one of the members of the purin group. The amount of fluid given the patient should be restricted to  $1\frac{1}{2}$  to 2 quarts in twenty-four hours. The salt in the food should be reduced in hydropic and uremic renal disease, but not to such an extent that the appetite suffers. Excellent results with salt-free diet have also been observed in ascites due to peritoneal tuberculosis.—*Merck's Archives.*

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### Serum Reaction of Syphilis.

During recent times the clinical value of the Wassermann-Neisser-Bruck reaction in syphilis has been shown to be considerable, and it was therefore of importance when Much and Eichelberg reported early in 1908 that in a series of scarlatina patients, to which they had applied the reaction, complement was deflected in 40 per cent. These authors considered themselves justified in warning clinicians against attaching too great importance on a positive reaction. Buck and L. Cohn (*Berl. klin. Woch.*, December 21st, 1908) considered that the clinical value of the reaction would only be lessened by this find, if confirmed, if it could be shown that the scarlatinal reaction persisted after convalescence. Several observers tested the serum of non-syphilitic children during an attack of scarlet fever and obtained negative results. While the authors do not question the correctness of Much and Eichelberg's results, they came to the conclusion that a positive reaction in scarlatina is not the rule but an exception, which is produced by some altered conditions, the nature of which is still unknown. Seligmann and Klopstock accidentally came across an interesting find. They obtained negative results in 13 scarlatina cases. After a longish interval they used the same extract and obtained positive reactions not only with scarlatinal serums but also with the serum of persons who were not suffering from scarlatina or syphilis. The antigen had obviously undergone some change. Others found that different antigens were capable of yielding positive reactions in scarlatina and syphilis. This would suggest that the reaction in scarlet fever is not identical with that in syphilis. In repeating the experiments with various antigens, the authors found that while all the antigens which they used gave uniform positive reaction with syphilitic serum, some scarlatinal serums gave positive reactions with one antigen and negative reactions with the others. It is therefore not correct