# ABSTRACTS

**Diagnosis of Activity of Internal Tuberculosis in Children by Blood Examinations.** Nederlandsch Tijdschrift v. Geneeskunde, Amsterdam. 71: 1277-1360.

Gugelot tested the sedimentation speed of the erythrocytes and the shifting of the nuclei of the neutrophil leukocytes in 206 children with clinically demonstrable internal tuberculosis. In only two cases did the results of the blood examination fail to agree with the clinical diagnosis. The combination of increased sedimentation speed and nuclear shifting has the most significance for activity of the tuberculous process. It was never found in inactive cases, but was present in eighty of ninety-five clinically active cases. In tuberculin-positive patients nuclear shifting was more frequent than pathologic sedimentation. He thinks it probable that the former is dependent on the tuberculous infection, and that its presence shows that the infection is not yet extinguished, whereas the increase in sedimentation speed occurs only when the breaking down of the cells has passed a certain limit. If this were true, increase in sedimentation speed would not, as a rule, occur without nuclear shifting; this he found to be in fact the case. With retrogression of the clinical signs of activity, sometimes the nuclear shifting, sometimes the sedimentation time was the first to return to normal. The tuberculin-negative patients presented, for the most, normal values; as regards sedimentation speed, the same was true of the tuberculin-positive, but clinically inactive cases, but increased nuclear shifting was present in 23.5 per cent of these cases, as against 12.5 per cent in the tuberculin-negative group. In a child who reacts to tuberculin and who presents pulmonary changes pointing to tuberculosis, normal values in the blood speak strongly against an active process, even though the temperature is somewhat variable; a distinct nuclear shifting without increased sedimentation speed confirms the tuberculous infection or speaks for lability of the process; abnormal values, even with approximately normal temperatures, are a tolerably certain indication that the tuberculous process is active.

**Effect of Pasteurization on Tuberculous Milk.** Lancet, London. 1: 215-268.

Experiments have been carried out by White with naturally infected milk from cows with tuberculous udders, with milk contaminated with cultures of tubercle bacilli, and with milk to which ground-up caseous tuberculous glands have been added. The method employed was to raise the temperature of the milk to 62.5 C. and to keep it at this temperature for thirty minutes. The results obtained by inoculating such pasteurized milk into guinea-pigs have shown clearly that pasteurization carried out under these conditions ensures a non-infective milk so far as *B. tuberculosis* is concerned.