California School of Medicine, San Francisco, Calif. J. Clin. Investigation *30:* 1298–1304, 1951.

Previous investigations have demonstrated that a trypsin inhibitor isolated from soy beans delays coagulation by inhibiting the first phase of coagulation. It has no activity on thrombin. The present study was undertaken to elucidate the manner in which soybean trypsin inhibitor (SBTI) affects prothrombin conversion. The data obtained suggests that SBTI delays the coagulation of blood by forming a dissociable complex with the substrate, prothrombin, or a derivative of that substrate. It does not exert its effect upon the enzyme of the first phase (thromboplastin), nor upon the co-factor (accelerator globulin), nor upon the product (thrombin). At present there appears to be no clinical application for this substance.—*R.B.C.*

BLOOD VOLUME

VENOUS CONGESTION OF THE EXTREMITIES IN RELATION TO BLOOD VOLUME DETERMINATIONS AND TO MIXING CURVES OF CARBON MONOXIDE AND T-1824 IN NORMAL HUMAN SUBJECTS. *E. Brown, J. Hopper, Jr., J. J. Sampson and C. Murdick.* From the Division of Medicine, University of California School of Medicine, San Francisco, Calif. J. Clin. Investigation *30:* 1441–1450, 1951.

This investigation was designed to determine the influence venous congestion of the extremities may exert on blood volume measurements dependent upon the carbon monoxide and T-1824 methods. Congestion was imposed on three limbs of healthy human subjects by means of pneumatic cuffs. Measurements revealed that one-fifth to one-fourth of the total blood volume was contained in the congested extremities. However, if a mixing time of 20 minutes or longer is allowed after delivery of CO gas, the CO-available volume is the same whether or not venous congestion is present. Although the contour of time-concentration curves for CO was slightly different when determined in the presence of venous congestion, the changes were not sufficiently striking to permit use of such curves for estimating the presence or degree of venous pooling. However, the variation lent additional support to the use of sampling periods at least 15 to 20 minutes after the CO or dye is administered. The authors conclude that the presence of massive congestion of the extremities does not interfere with complete admixture of CO or T-1824, with the entire blood volume within 20 minutes, and, that with the CO method, total rather than "effective" blood volume is measured. —*R.B.C.*

NEWS AND VIEWS

Hemophilia Foundation

The Hemophilia Foundation, a nonprofit New York organization operating on a national basis and located at 60 East 42nd Street, New York, N. Y., announces conclusion of plasma processing arrangements with the Blood Transfusion Association of New York.

Commencing May 5, 1952, the Blood Transfusion Association will process classified human plasma for direct transfusion to hemophilia cases by their own physicians or hospitals. Distribution will be through the Foundation's administration and medical staff, but for the time being will be limited to hemophilia victims residing in New York State. Distribution on an interstate basis will begin immediately following authorization by the National Institute of Health. Nationwide processing by other institutions will be encouraged.

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While definitely not a cure nor substitute for fresh whole blood when needed, fresh frozen plasma has been found to be one of the best available methods of treatment, and as effective as whole blood. The Foundation has made arrangements for the Blood Transfusion Association, 178 West 102nd Street, a nonprofit organization possessing the necessary technical facilities, to process the plasma on a nonprofit basis, thereby assuring relief to hemophiliacs residing in New York State.

Processing and distribution of the plasma will commence at once from the laboratory of the Blood Transfusion Association. Distribution will be made from the laboratory of the Hemophilia Foundation, temporarily located at 51 East 90th Street, New York, N.Y. Consultation services relative to the use of the product are available to the medical profession through the Foundation's regularly retained consulting hematologist.

BOOK REVIEWS

MERCK INDEX OF CHEMICALS AND DRUGS, ed. 6, Rahway, Merck, 1952, pp. 1167.

This completely new Sixth Edition of the Merck Index is a welcome addition to the library, the previous edition published in 1940 having been out of print for a long time The new edition contains 1,167 pages of text covering more than 8,000 descriptions of individual substances, more than 2,000 structural formulas, and about 20,000 names of chemicals and drugs alphabetically arranged and cross indexed.

New features include a table of standard buffers for calibrating pH measurements, a table of radioactive isotopes giving their half lives and type of radiation, and a table of current medical uses for radioactive elements and compounds.

A new section lists more than 300 organic "name" reactions with original and review references together with a description and structural representation of each reaction. There is an up-to-date periodic table, a table of international atomic weights, and close to 150 pages of appendixes on such subjects as coal-tar colors, thermometric equivalents, antifreeze mixtures, refractive index of liquids, saturated solutions, percentage solution tables for apothecaries and atomic weights and their multiples and logs.

This book is a necessity in the working library of the investigator.—*William Dameshek*

DIFFERENTIALDIAGNOSE INNERER KRANKHEITEN, *R. Hegglin*, Stuttgart, Georg Thieme Verlag, 1952, pp. 456.

Following an introductory chapter dealing with the importance in differential diagnosis of such features as age, sex, etc., the first chapters of the book are devoted to hematologic disorders. There are discussions on anemias, hemorrhagic disturbances and splenomegaly.

As usual in German and Swiss texts, much attention is paid to supposed entities described by eponymic terms. For example, in discussing acquired hemolytic anemia, there are noted Lederer-Brill, Loutit and Dyke-Young types which are all simply minor variants of immuno-hemolytic processes. It is doubtful whether the practitioner, after reading the chapter on anemia, could proceed to a very well founded diagnosis. The chapter on hemorrhagic disorders is even more sketchy. That dealing with splenomegaly and hypersplenism is better and contains some rather good material.

There is a nice chapter, with many reproductions of roentgenograms, on hilar enlargement and a rather good chapter on the differential diagnosis of fever.—*William Dameshek*

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