

sometimes produces atrophy of the uterus. Our knowledge of the clinical history of this complication of pregnancy is based on but a few cases.

The symptoms of diabetes coming on during pregnancy may disappear within a short time after delivery, and recur again in subsequent pregnancies. This indicates that the pregnant condition favors the production of the disease. Statistics show that prognosis in these cases is more favorable than in those in which diabetic patients become pregnant. Some of the cases of pregnancy associated with intermittent diabetes have recovered from the latter after the period of child-bearing has ceased. When a diabetic woman becomes pregnant, however, the disease usually becomes aggravated and its progress hastened.

Premature delivery, due to intra-uterine death of the child, has occurred in about two-thirds of the published cases of pregnancy with diabetes. Hydramnios is rather frequent. The children have often been large. In two cases the liquor amnii contained 3 per cent. of sugar, and in one the fetal urine contained sugar.

The question as to whether pregnancy should be interrupted or allowed to go on is apparently not yet a settled one among obstetricians. According to Herman, the early termination of pregnancy will prove the best treatment for a pregnant diabetic. If pregnancy be allowed to go on the following are the possibilities:

1. The chances are two to one that the child will die in utero. Its life is therefore not of much account.

2. It is possible that when the pregnancy is over the diabetes may get well. This is more likely to take place the earlier the pregnancy ends.

3. The patient may die from collapse and coma soon after delivery. This is more likely to occur the longer that pregnancy has gone on. One of these three events has occurred in most of the published cases; those in which pregnancy and labor were gone through with without influencing the diabetes or being influenced by it are in the minority.

Kleinwächter advises against premature delivery, on the ground that there is no evidence of its benefit. Apparently, however, it has only been induced once in the published cases, and then in a case in which the mother was moribund. As stated, Herman advises acting on probability and inducing premature delivery.

Apparent Contagion in Rheumatism Due to Meyer's Diplococcus.—ALLARIA (*Revista Critica di Clinica Medica*, 1901, vol. ii., p. 805) states that the remarkable observations of Meyer in Leyden's clinic have been reported in a previous number of this journal. This observer succeeded in cultivating a diplostreptococcus from the tonsils of five cases of acute rheumatism with angina. Bouillon cultures of this streptococcus produced characteristic polyarticular arthritis in rabbits. The exudates in the joints were usually serous, and sterile by ordinary culture methods. Meyer and Leyden both believe that this diplostreptococcus is the true specific agent of acute articular rheumatism.

Allaria, in Bozzolo's clinic, instituted control experiments, in the course of which he came across three cases of so remarkable a character as to merit publication. The first, a young woman, aged sixteen years, who had pre-

viously had several attacks of acute rheumatism, developed an acute tonsillitis, followed by a fresh attack of articular rheumatism lasting about four weeks. The sister of this patient, after nursing her, developed a similar attack, entering the hospital six days later. A friend of this patient, who had incipient pulmonary tuberculosis, and was in the hospital at the same time, developed also an acute tonsillitis after associating with the second case. Two days after the onset of the tonsillitis, acute rheumatism set in. A nurse, aged twenty-two years, who swabbed the throat of the first patient was seized with tonsillitis, followed by polyarticular rheumatism and high fever of a month's duration. Another nurse who took her place and attended the first two patients developed also tonsillitis, with polyarticular rheumatism; this was fortunately mild and without complications, though it kept her in bed for twenty-three days. Finally, a third nurse who followed this latter, although she took great precautions, developed severe tonsillitis, which lasted more than a week, and was associated with high fever. In all these cases the tonsillitis began violently with severe chills and rapid rise of temperature; the tonsils were much enlarged, although in two cases only were there slight traces of exudate. In the first three patients the bacteriological examinations of the throat were made. These showed streptococci, agreeing in all essential points and characteristics with those described by Meyer. A cubic centimetre of a forty-eight-hours' culture injected into guinea-pigs was followed by no clear reaction at the point of inoculation. The animals, however, gradually lost their vivacity, and four or five days after the injection painful swelling appeared in various joints, especially the tibiotarsal articulations of the posterior extremities. This swelling gradually disappeared, and the animals recovered. In those animals which were killed the fluid proved to be serous; there was subcutaneous oedema about the affected articulations, but no muscular infiltration. Under the microscope the exudate showed but few corpuscles and no micro-organisms, but on culture similar streptodiplococci were obtained.

In none of the animals used did exudates appear in the larger serous cavities. Cultures from the pleura, peritoneum, and heart's blood were negative.

A fourth case differed from the others in that the attacks were not preceded but followed by angina, and also in the greater virulence of the micro-organisms, which otherwise possessed characteristics similar to those of the preceding case. In this instance the control animals died rapidly with a general septicæmia. The author believes that while it is as yet impossible to assert positively with Meyer that this organism is the specific causal agent of acute rheumatism, yet if acute articular rheumatism is a true nosological entity and not a syndrome, as has been believed by some authors, there is much which would lead one to adopt this view.

Experimental Cholecystitis and Cholangitis of Auto-infectious Origin.—EHRET and SROLZ (*Berliner Klin. Wochenschrift*, 1902, vol. xxxix., p. 13) state that it has been shown that anything tending to diminish the motility of the gall-bladder and favor the accumulation of residual bile offers opportunity for the development of bacteria which otherwise do not flourish in the bile-passages. Especially is this true of the presence of foreign bodies