all showed the following symptoms after inoculation: Enlargement of the lymph nodes in the axillary and inguinal regions; engorgement and congestion of the throat; appearance of a red rash on arms, shoulders, and body; a tongue typical of scarlet fever, malaise, anorexia, and fever; free desquamation continuing as long as three weeks. The same bacillus was recovered from all three cases from lymph taken from an enlarged node. Inoculation of the recovered bacilli into a fifth monkey and two rabbits reproduced the same disease in these animals, with the recovery subsequently of the same bacillus. Koch's law was carried out to its fullest extent in these experiments. The monkeys and rabbits readily developed the disease. The shortest incubation period was two days, and the longest five days. The lymphatic nodes were unusually palpable within thirty-six hours. No suppuration in any instance occurred at the point of inoculation. Streptococci would likely have had this effect. Cultures show this organism to be a long bacillus with rounded ends, staining variably with Gram, and occasionally showing a beaded structure. Some cultures show sluggish oscillatory motility. The organism is an active spore former, the spores being endogenous. On sugar media it produces acid with gas formation. It coagulates milk with formation of acid. Vipond subsequently succeeded in producing scarlet fever in a monkey and in a rabbit by direct contagion from monkeys and rabbits suffering from that disease, and recovered the identical bacillus from their lymph nodes.

OBSTETRICS

UNDER THE CHARGE OF

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Vaccines in Puerperal Sepsis.—POLAK (*Bull. Lying-in Hosp. N. Y.* December, 1910) has studied the influence of vaccines on puerperal septic infection. He finds that each case, whether following labor or abortion, must be studied individually, and that the determination to use vaccines will depend upon the evidence present if nature is competent or incompetent to circumscribe or localize the infection. Care must be taken to avoid interference with the genital tract during the acute stage to avoid the spread of the infection. Surgical interference should not be practised so long as the patient's general condition improves. All operations should be postponed until after the acute stage is passed. After the uterus is thoroughly emptied, at the time when infection develops, no further disturbance of the pelvic viscera should be practised. In the subacute stages vaccines may help by increasing the patient's resistance and powers of recovery. If drainage be employed, it should be extraperitoneal, if possible. Thrombophlebitis is considered a conservative process and should not be disturbed.

The Injection of the Serum of Pregnancy in the Toxemia of Gestation.—RÜBSAMEN (*Zentralb. f. Gyn.*, No. 21, 1911) has endeavored to modify acute toxemia of pregnancy by injections of the serum of a pregnant patient. No results followed the treatment.

Tuberculosis in Pregnancy.—SCHAUTA (*Monatss. f. Geb. u. Gyn.*, 1911, Band xxxiii, Heft 3, S. 265) discusses the question as to whether tuberculosis advances more rapidly during pregnancy and what should be done regarding the cases. The majority of clinicians believe that the disease progresses actively in pregnancy, 73 per cent. become worse, and 45 per cent. of tuberculous pregnant women die. Old cases relapse in 68 per cent. The change is most apparent some weeks or months after confinement, although such patients may, apparently, have been better during pregnancy. As regards the treatment of these cases, the German sanatoria find that only one-fourth of those treated after four years time have been able to earn anything at work; probably not 25 per cent. recover. Many sanatoria exclude pregnant cases, because of the unfavorable prognosis. The results of Norwegian observers show a mortality of 50 per cent. in cases treated in sanatoria. Among patients having every care, 29 per cent. grow worse during pregnancy. Children born of such mothers rarely live to be twenty. As regards the induction of labor in the first stage of tuberculosis, it is beneficial in 89 per cent.; in the second stage, in 83 per cent.; and in the third stage, in 25 per cent. Where pregnancy was interrupted in the first month, 91 per cent. improved. It is the duty of the physician then to interrupt pregnancy as early as possible. In addition it seems best to sterilize these patients, as tuberculous women conceive easily, and this had best be done by removing the Fallopian tubes.

The Treatment of Abortion Complicated by Fever.—TRAUGOTT (*Zeit. f. Geb. u. Gyn.*, 1911, Band lxxviii, Heft 2) has observed 147 cases of puerperal patients having fever, of whom 58 had labor at term. Of these, 10 died, a mortality of 17.2 per cent. Of the remaining 89, 79 had abortion in the first half of pregnancy, usually from the first to the fifth month. Of these there died 13, 16.4 per cent. To investigate the mortality of these cases further, a study was made by bacteriological examination of the blood and uterine contents. Several groups of bacteria were found in the uterus, growing as saprophytes in the decomposing connective tissue and invading the living tissues. These germs produced simply a bacteriotoxic endometritis. The severity of the clinical symptoms depend upon the quantity of bacteria produced and whether or not the discharge has free exit from the uterus. Among these germs were colon and paracolon bacillus, yellow and white, staphylococci which do not produce liquefaction, *Proteus vulgaris*, sudodiphtheritic bacillus, and other bacilli. These bacteria are capable, either alone or in combination, of producing toxins whose absorption may cause severe symptoms. These bacteria, under favorable circumstances can be recognized in the blood, from which they often disappear without causing metastases. The most favorable time to recognize them is while the patient is having a chill, and they are also found in material removed from the uterus by curetting. When they have been diagnosed by examination, the treatment consists in emptying