fever along with the second attack. A Budapest physician who had charge of the scarlet-fever ward for five years, and had never had any eruptive fever except erysipelas at the age of 12, developed scarlet fever himself at the age of 41, a year after giving up his charge of the contagious ward, although he had not seen a case of scarlet fever for twelve months. Another Budapest physician died on the fifth day of an attack of scarlet fever acquired at 42, although he had been repeatedly in contact with scarlet-fever patients during his entire practice. These and other facts cited seem to demonstrate that scarlet fever does not confer immunity and that the causal germ is ubiquitous. The sore throat and eruption are manifestations of the action of toxins, not the foci of infection. The prevailing theory as to the etiology of scarlet fever can no longer be maintained, Szontagh declares, and he adds that the prophylactic measures at present in vogue have no value. The conditions are far more complex than we have hitherto assumed; possibly, he says, the study of anaphylaxis may throw light on the problem.

106. **Scarlet Fever.**—Gigon reviews the experiences with 453 cases of scarlet fever at the Basel contagious service since 1907. Twenty-nine of the patients were between 20 and 50; the mortality was 1.77 per cent., but all in children. The child of a mother with scarlet fever was born with the disease. In seventeen cases the scarlet fever developed after trauma—severe burns in twelve of the cases. A recent Zurich thesis also reports six cases of severe burns among twenty cases of traumatic scarlet fever. Although Gigon kept the children in the hospital ten weeks and every precaution was taken to prevent the infection of others, yet there were five return cases. The third week seems to be the period of special predisposition for lymphadenitis, nephritis and post-scarlatinal fever and heart trouble. Scarlatinal rheumatism was observed almost exclusively in adults. In three cases fatal pneumonia developed during the third week. In three cases the nephritis persisted for over seven months, and in two cases uremia developed; great improvement was observed in one of these cases after venesection. In three instances the children in a family developed hemorrhagic nephritis at the same date in the disease; in three other instances, otitis on the same date, and in another family two sisters developed scarlet fever the same day and both developed severe jaundice during the fifth week. It was generally noticed that the course of the disease seemed of the same character in all the children from a family. Varicella in connection with scarlet fever was unusually severe but other eruptive diseases ran an unmodified course. In seven cases the disease was an actual scarlatinal diphtheria, in one scarlatinal croup with typical false membranes, but no diphtheria bacilli could be cultivated from the throats.

108. **Orthostatic Albuminuria.**—The experiences reported by Lury confirm the assumption that induced lordotic albuminuria and possibly also lordotic or orthostatic albuminuria occur only when the kidney is abnormally movable. He experimented with 100 children, having them stand for five minutes in moderate lordosis after the urine had been found to be free from albumin. In thirty-six of the children albuminuria resulted. Other experiments confirmed the assumption of the connection between movability of the kidney and the transient albuminuria.

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109 *Diabetes Mellitus. C. v. Noorden.
110 *Cancer of the Uterus. (Kampf gegen den Gebärmutterkrebs.) F. Schauta.
111 Salpingitis After Abortion. (Zur Frage der Selbstinfektion.) L. Aschoff.
112 Abdominal Pain. (Die Schmerzempfindung innerhalb der Bauchhöhle und ihre Bedeutung für die Diagnose.) M. Wilms.
113 Ileus from Dilatation of Gall-Bladder. W. Anschütz.
114 *Hereditary Displacement of the Patella. (Erbliche angeborene Kniescheibenverrenkung.) L. Wrede.
115 Functional Capacity and Oxygen Requirement with Maximal Physical Labor. (Leistungsfähigkeit und Sauerstoffbedarf bei maximaler Arbeit.) N. Zuntz.
116 Capacity and Weight of Lungs and Heart in the Horse. M. Müller.

109. **Diabetes.**—Von Noorden states that the liver is evidently the source of sugar production, and that this function is controlled by the pancreas and the suprarenals—the pancreas inhibiting sugar production and the suprarenals stimulating it. The pancreas in turn is under the control of the thyroid, the secretion of which has an inhibiting action on the functioning of the pancreas as is shown in the increased tendency to glycosuria with thyroid hyperfunctioning. After thyroidectomy, the pancreas exerts such a strong inhibitory action on the liver that it is almost impossible to induce glycosuria. The hypophysis cerebri seems to have the same action on the pancreas as has the thyroid; with tumor of the hypophysis there is remarkable tolerance for large amounts of sugar. The suprarenals are under the control of the sympathetic nervous system and are very sensitive to the action of certain toxins. Formerly it was assumed that the glycosuria resulting from puncture of the medulla ("sugar puncture") was due to direct stimulation of the liver from the central nervous system, but recent research has demonstrated that this stimulation is transmitted by the left sympathetic nerve and at first to the left suprarenal, whence the stimulation is forwarded to the right suprarenal by the connecting nerves. If the left suprarenal is cut off from the left sympathetic nerve, no glycosuria follows the sugar puncture. Puncture of the medulla stimulates the suprarenals to greater secretion, and this secretion in turn stimulates the liver to an excessive output of sugar. A number of toxic influences act in the same way, partly by the influence on the sugar center in the medulla, partly by stimulation of the sympathetic nerve or the suprarenals thus causing exaggerated functioning which entails overproduction of sugar in the liver. These facts, v. Noorden says, explain the influence of the central nervous system on the intensity of diabetic glycosuria and show the necessity for studying each individual case with special care, and the importance of warding off emotional stress and injurious nervous and toxic influences. He is convinced that there is no disease in which physicians neglect to such an extent this individual study of the patient as in diabetes. There is no other affection, he declares, which is so rich in complications of all kinds, whose treatment requires such comprehensive regard for all the organs and their functional capacity and which makes such high demands on the individualistic estimation of the details and of the whole clinical picture. In regard to dietetic treatment, he says that diabetics must resign themselves to watch carefully over every mouthful they take and that this must be kept up indefinitely. It is especially hard for them as they do not feel ill. No drug can take the place of restriction of carbohydrates in the diet, and the benefit claimed for certain remedies is always due to the dietetic regulations imposed with them. The physician treating a diabetic in 1911 must keep long years to come constantly in view, and not let himself be deterred from his plan of treatment by the momentary complaints of the patient or his family.

110. **Uterine Cancer.**—Schauta states that for the last ten years he has been systematically operating by the vaginal route in all cases of uterine cancer in order to obtain a reliable set of statistics. His mortality was at first 10 per cent., but in his later series this has been reduced to 4 per cent.; the operability was between 50 and 60 per cent.; the permanent cures average between 40 and 50 per cent., while the permanent "absolute cures" have been 13 per cent., 15 per cent. in recent series and the proportion will be still higher next year as he will have 28 per cent. with an interval of over four years since the operation. In from 10 to 15 per cent. of his total material the physician first consulted neglected gynecologic examination, and this is where improvement must come in the future. The physician must absolutely refuse to have anything to do with the case unless the woman applying for any gynecologic trouble at the cancer age will permit local examination. If he gives her any advice or writes a prescription the woman is satisfied with the "treatment" and does not return for weeks or months, and then she is lost. He insists that hemorrhage during the climacteric period should never be ascribed to the influence of the menopause until all other causes for it have been scrupulously excluded. He states that it is far better to examine ninety-nine women needlessly than to let cancer in the hundredth escape detection in time. The fear of