which both man and wife have suffered from the disease. The statistics of Betz, Hertzka, Lecorché, Schmitz, Seeger, Külz, and Senator give, when combined, a total of fifty-six instances in which both man and wife suffered from diabetes among 5159 diabetic patients—a little over 1 per cent. Williamson is rather skeptical as to the infectious character of the disease, and seems disposed to attribute the association of diabetes in man and wife rather to their being exposed to the same predisposing influences than to any specific infective agent.

Of great interest is the result of experimental work recently published by Leo. He found that when large quantities of diabetic urine were administered by the mouth or subcutaneously to dogs, that glycosuria was generally produced. The same results followed if the diabetic urine was freed from sugar by fermentation. Normal urine very rarely produced glycosuria when given in the same way. Leo concludes that diabetic urine contains a poison which produces glycosuria when introduced into the system. He thinks that the poison is possibly produced by the action of micro-organisms.

Töpfer showed that the injection of a quantity of the contents of the small intestine of a diabetic patient under the skin of a rabbit produced glycosuria. The intestinal contents of a healthy individual fails to produce the same result.

Töpfer also found that glycosuria could be produced in dogs by the injection into the stomach or small intestines of a portion of the intestinal contents of a diabetic patient. Negative results followed when the intestinal contents of a non-diabetic patient were used.

It would seem, then, that the intestinal contents of a diabetic patient possess the power of exciting glycosuria.

Lépine found that a temporary increase of the amount of sugar in the blood occurs after the injection of a culture of staphylococci into the jugular vein in dogs.

Williamson concludes that whereas these experiments on the intestinal and bacterial origin of diabetes require confirmation, yet they are extremely suggestive when one considers how many diabetics die without any definite etiological factors or post-mortem findings at autopsy.

Pseudochylous Ascites.—Michele and Mattiaolo (*Wiener klinische Wochenschrift*, 1900, No. 3) have investigated the cause of the opacity of some cases of chylous ascites in which the fat present was not sufficient to explain the condition. The suggestion of several observers that some proteid body, globulin, seromucoid, casein, etc., might be the cause, the authors show to be undemonstrated. They were fortunate enough to have four cases to study, viz., one of adherent pericardium and cardiac thrombosis, one of pancreatic cancer with metastases in the peritoneum, one of secondary sarcoma of the spleen, and one of cirrhosis of the liver with chronic peritonitis.

The clinical histories are given in abstract, full reports being promised in another place; the results of examinations of the fluids are given in sufficient detail. All the cases showed milky ascites, and the case of hepatic cirrhosis had also milky fluid in the pleural cavities. Without chemical examination the opacity would have been ascribed to fat. It was not altered by filtration, nor by centrifugalization, and ether and caustic potash made

little changes. The ethereal extract of fats—cholesterin end lecithin—was never more then 1 per mille; whereas it reqnires at least 1.5 per mille of emulsified fet to meke a fluid opelescent. The authors finelly came to the conclusion thet lecithin wss the cause of the opacity, the sonrce of the former heing readily found in meny cells and fluids of the body. By experiment they fonnd thet 0.15 gramme of lecithin sufficed to render 1000 c.c. of serous fluid distinctly opalescent. Such an emount was present in the fluids in ell the euthors' cases. The demonstration thet lecithin is the cause of opecity in e fluid containing hut little fet can he made hy treeting some of the flnid with fonr or five times its volume of elcohol, cosgulatiog the elbumin, and warming the mixture on e water-bath to 70° or 80° C., lecithin heing soluhle in wsrm elcohol. On eveporatiag the alcohol the opecity returns again. It still remains to show to whet extent lecithin occurs in the true fatty effusions.

[It is herdly necessary to add that the suhject is et present of no practical importance, since there is no reletion between the milky exndate end any particular anatomicel elteration. It seems, however, thet in cases with chylous or fatty effusioos the precise constituents should he worked out as fully es possihle.—ED.]

Cysticercus in the Spinal Cord.—PICHLER (*Prager medicinische Wochenschrift*, 1900, No. 16) reports a case of this kind, only two others being known to him in the literature. The patient, a brickmaker, aged forty-eight years, had multiple cysticerci in the skin and brain, and was sick for one year, with epileptic attacks, dementia, and marasmus. There were no spinal symptoms. The cerebral meninges and the hrain contained numerous cysticercus vesicles of various sizes and in different stages. The pons contained two small ones. The cord showed no alteration externally, hut at the level of the eleventh dorsal vertehra there was a cysticercus in the posterior columns, and at the level of the first lumhar there was another in the right posterior qusdrant of the cord. The upper vesicle had snhstituted the posterior columns, especialy the right, the posterior gray commissure, and the median part of the hase of the posterior horn; the central canal was pushed forward and oblitereted. Aroand the vesicle was the usual thick layer of connective tissue and a zone of small cell infiltration. The hloodvessels in the zone frequently contained hyeline thromhi. The lower vesicle occupied the position of the right posterior horn and a narrow zone of the right lateral column. The posterior horn was reduced to a few fihres in each side, and towerd the posterior root, where the vesicle reeched almost to the periphery of the cord, it hed almost disappeared. The wall of this vesicle was thick in pleces; hyeline thromhi were relatively few, hut the well and its vicinity were much richer in small cells than in the other, showing either more rapid growth or en earlier stage. Above the upper vesicle there was ascending degeneration in the right columa of Goll. The lower hledder had caused no such effect. The ehsence of spinel symptoms can he explained partly hy the mental condition of the patient.

Traumatic Diabetes.—J. FRANK (*Prager medicinische Wochenschrift*, 1900, No. 25) reports an instructive case, illustreting incidentally the importance of examining the urine of ell petients. A youth, aged nineteen years, had