

interesting. He considers that oyster poison produces three distinct forms of febrile disease. The oyster toxin may act by causing a very acute illness. Within a few hours the person is suddenly seized with acute gastro-intestinal disturbance, as nausea, vomiting and purging. After a few hours of misery the person recovers rapidly. The second form—a continued fever. This fever is ushered in by chills, and lasts from a week to two weeks. There is much depression, and the case may end fatally by coma, convulsions, peritonitis, or heart failure. In some instances the acute form may be followed by this more chronic type. Where elimination in the acute cases is not complete poisonous albuminoses are formed. These give rise to severe nerve symptoms, as paresis, heart failure, coma, etc. Then, thirdly, there is true typhoid fever, as has been so clearly pointed out by Sir W. H. Broadbent.

The Liver in Diabetes Mellitus.

M. Le Dr. Piéry, of the Hospital Lyon (*Gazette des Hôpitaux*, February 4th, 1899), enters very fully into the rôle of the liver in all the forms of diabetes mellitus. In diabetes, with the condition of bronzed skin described by Hanot, in 1882, there are distinct diseased conditions in the liver. The organ is hypertrophied and has the appearance of old leather. The cells are more or less atrophied and infiltrated with a brownish black pigment. In pancreatic diabetes the more recent observations go to show that there are changes in the liver also, as hypertrophy and sclerosis. Enough attention has not yet been given to its minute anatomy in such cases of diabetes to enable one to form a definite opinion. When dogs are rendered diabetic by destruction of the pancreas, the liver becomes diseased. In nervous diabetes, as in the pancreatic, the liver is almost always hypertrophied. This hypertrophy is due to cirrhosis or fatty degeneration. In arthritic or constitutional diabetes the liver has been found either hypertrophied, atrophied, or in a state of fatty degeneration. These researches go to show that the liver plays an important part in diabetes.

The Gonococcus in Ulcerative Endocarditis.

Dr. Henry W. Berg (*Med. Record*, April 29th) mentions the interesting facts that in a patient suffering with gonorrhea there were present the complications of pyelonephritis and ulcerative endocarditis. The temperature rose to 105° F. on the day of the patient's death. There were found vegetations and ulcers on two of the aortic valves. There was slight articular rheumatism. In the vegetations and ulcers on the aortic valves and in the pelvis of the left kidney were found diplococci that were regarded as gonococci. The finding of gono-