

In later experiments using larger amounts of blood and employing young starved guinea-pigs three out of seven experiments were positive.

The investigation followed along three lines:—

- (1) Transmission of yellow fever to guinea-pigs.
- (2) Passage of yellow fever in experimental animals.
- (3) Production of yellow fever in guinea-pigs by cultures of the spirochæte.

The symptoms in man and experimental animals are comparable; these are fever, icterus, hæmorrhages and urinary disturbances, and at post mortem fatty degeneration of the liver and kidneys.

Fig No. 14 developed fever after an incubation period of three days, followed two days later by jaundice and death on the following day. Blood from this animal produced the same disease in other guinea-pigs and a pure culture of the spirochæte was also obtained from the blood.

The heart blood showed numerous leptospiræ on dark-ground examination and they were also found in films made from liver and spleen cultures.

A guinea-pig inoculated with twenty-five cubic centimetres of a pure culture of the leptospira developed fever on the third day, jaundice on the fourth day, and died on the fifth day when the blood was seen to be crowded with spirochætes; pure cultures were again obtained from this heart blood.

A twenty days old culture produced intermittent fever in a guinea-pig with jaundice followed by death; but a five weeks old culture produced the usual type of fever, jaundice and death on the fifth day.

The author states that pure cultures of the yellow fever spirochæte *Leptospira icteroides* have been obtained from the blood of patients as well as from experimental animals.

Review.

Gout. By Ll. Jones Llewellyn, M.B.Lond. London: W. Heinemann, 1920.
Pp. xviii + 469. Price 30s. net.

In his preface the author draws attention to the rôle of bio-chemistry in the study of gout, and several of the earlier chapters are devoted to a consideration of the work of various investigators on these lines.

Then follows a discussion of the various theories of gout and the case for an infective agency as the exciting cause in the presence of some innate tissue peculiarity is effectively put forward. The author insists on heredity as the preponderating, if not the sole, predisposing factor.

The clinical account that follows is full and conveniently subdivided, as is the question of diagnosis. In regard to the latter the dictum, "Uratc deposition is the solitary unequivocal clinical criterion of gout, and in the absence of tophi the diagnosis of gouty arthritis is presumptive" emphasizes a valuable diagnostic truth.

Given the prominence of the infective theory, it is natural that eradication of local foci such as septic teeth should come first in the section of treatment. As regards food, the author claims no stereotyped regime, and points out that gastrointestinal asepsis is the aim of all dietetic measures. As regards alcohol, he advises gouty parents to bring up their children as total abstainers, and urges abstinence or abstemiousness on the victims of the malady.

The author holds to the recognized drugs, particularly colchicum, but urges the use of atophan as a valuable aid in the prevention of the formation of uratic deposits.

Spa treatment is considered in the final chapter, the general principles and indications for selection being summarized.