

effect upon the gonococcus as compared with its action upon the typhoid bacillus.—W. T. L.

A House Epidemic of a Fever Simulating Typhoid, Caused by an Atypical Colon Bacillus, and Traced to the Water Supply.—SIXON and NEGEL (*Cent. f. Bakt. u. Par.*, 1902, vol. xxxii, pp. 481, 581 and 679). The authors describe a small epidemic of a disease simulating typhoid fever, confined to a single household and affecting six individuals, one of whom died. The symptoms characterizing the disease were in every instance practically those of typhoid fever, and in the fatal case, what appeared as a severe attack of typhoid fever terminated with definite signs of meningitis, symptoms of this complication arising some days before death. At autopsy, seven hours after death, embolic softenings were found in the left cerebral hemisphere, with an acute, diffuse meningo-encephalitis. Endocardial vegetations were present at the apex of the left ventricle. The spleen was enlarged, the pulp friable, and both this organ and the kidneys showed anæmic infarctions. There was not a trace of swelling or ulceration of Peyer's patches, nor the least prominence or injection of the lymphatic apparatus of the intestines. The mesenteric glands were small and pale. The anatomical picture immediately suggested a severe streptococcus or pneumococcus infection; but in cultures from the gray matter of the brain, blood, cardiac vegetations, pericardium, pleural fluid, liver, spleen, and adrenals, there developed numerous colonies of a small, actively mobile bacillus, which did not stain by Gram. No other bacteria were recovered from the above situations. From four of the other patients the same bacillus was obtained in blood cultures. This organism differed from the typhoid bacillus mainly in forming gas with glucose media and in failing to agglutinate with typhoid sera; and from the colon bacillus in the absence of gas formation with lactose and the production of alkali after some days' growth in certain media. The serum from all six cases agglutinated typhoid bacilli in low dilutions and the organisms isolated from the patients in both low and high dilutions. The origin of the infection was traced to a well which was contaminated by the drainage from a neighboring barnyard. The water of this well was used by the family for drinking purposes. Cultures from the well water gave great numbers of colonies of the specific bacillus. The authors consider that their organism corresponds closely to the "paratyphoid bacilli" described by Schottmüller and isolated by him from several cases simulating typhoid fever. They believe, however, that the bacillus which they describe is more closely allied to bacillus coli than to bacillus typhosus.—W. T. L.

The Question of Fat Absorption in the Intestinal Canal and the Transport of Fat to Other Organs.—KISCHENSKY (*Beiträge z. Path. Anat. u. Alleg. Path.*, 1902, Band xxxii., Heft 2, p. 197) says that two main theories are held by various observers as to the absorption of fat in the intestinal canal. Of these the oldest is the emulsion theory, which holds that fat is received by the epithelial cells in the form of small particles; the second theory is that fat is converted into a soluble substance by ferments or enzymes, and absorbed by the cells as such, being converted again into fat