organ, while the attack of "sciatic rheumatism," occurring four years before, was in reality an appendicitis, with the formation of an abscess in relation to the fibres of origin of the sciatic nerve.

Syphilitic Ulcer of the Stomach. Report of a Case Examined Histologically. By H. L. McNeil, Galveston, Texas. *Journal of the American Medical Association*, January 30th, 1915, pp. 430.

Syphilitic ulcer of the stomach, although said by many to be of common occurrence, is rarely demonstrated at operation or autopsy. The case reported is that of a negro laborer, aet. 50, complaining of pain in the epigastrium, appearing from one-half to one hour after meals. Duration, three months. Loss of weight. No history of syphilis, although wife had one late miscarriage. Physical examination negative except for tenderness in epigastrium, slightly to right of mid-line. Blood showed slight anaemia. Wassermann positive. Gastric analysis showed a total absence of free HCl. Total acidity 25. Occult blood, lactic acid and Oppler Boas bacilli present. No definite improvement after two weeks antiluitic treatment (Hg. plus K. I.). It was decided to operate on the chance of finding an early cancer of the stomach.

At operation an indurated pylorus was found with a general enlargement of the mesenteric and gastric lymph nodes. A pyloric resection was done. Examination of the specimen removed showed a soft ulcer completely encircling the pylorus. The edges were soft and undermined. At one extreme end there seemed to be an attempt at healing. Microscopically, the picture was that of a degeneration, chiefly of the submucosa, associated with a marked periarteritis, in which the mononuclear cells played almost the entire part.

Patient made a complete recovery and was perfectly well from his stomach trouble eight months after operation. (Thorough antiluitic treatment including two injections of salvarsan.)

Epidemic Cerebro-Spinal Meningitis from a Bacteriological Standpoint. By K. R. Collins, Atlanta, Ga. *Journal of the Medical Association of Georgia*, February, 1915, pp. 292-293.

The writer calls attention to the importance of establishing a correct bacteriological diagnosis before treatment by anti-toxin is instituted in cases of cerebro-spinal meningitis, supposed to be due to the meningococcus intracellularis. Meningococci anti-toxin is without effect in cases where organisms other than the meningococcus are the etiological factors. If this cannot be done before the administration of the first dose of anti-toxin, it should be accomplished before the second dose is given.

The promptness with which the fluid is examined after withdrawal from the spinal canal influences the success of the examination greatly. If the spinal fluid is found sterile, it is well to consider the possibility of the organisms being confined to the lateral ventricles.

Intelligent administration of anti-toxin reduces the mortality of cerebro-spinal meningitis due to meningococcus intracellularis 40 per cent.

Transmission of the disease should be guarded against by proper examination of all contacts, as well as isolation of the patients. Vaccination of

all exposed persons should be practiced as a means of prevention.

Paroxysmal Haemoglobinuria—Exhibition of Case. By G. A. Batton, Baltimore, Md. April 19, 1915. *The Johns Hopkins Hospital Bulletin*, February, 1915.

Male patient, 3½ years old. Family history negative except for positive Wassermann in mother and two sisters. Past history negative. Present illness began Nov. 1, 1914, with chill, fever, followed by bloody urine for one week. A similar attack began on Dec. 12 and was persistent on admission to the hospital three days later.

The positive points on examination were pallor, general glandular enlargement, enlarged liver, enlarged spleen, leucocytosis, hemoglobin 37 per cent. Urine was almost black, guaiac test positive, albumen and a few granular casts present. No R. B. C. Patient was put in bed and urine became normal within twenty-four hours. A diagnosis of paroxysmal haemoglobinuria made. This later verified by test of Donah and Landstener, who showed that haemolysis of the blood of haemoglobinuric patients took place if the temperature was first lowered and then raised. Blood Wassermann positive.

It seemed reasonable to explain the general glandular enlargement, the enlarged liver and spleen on the basis of hereditary syphilis and the anaemia as a result of this infection plus the severe haemoglobinuria. The relationship between syphilis and paroxysmal haemoglobinuria has been found to be a close one (Cook, *American Journal Medical Sciences*, 1912), inasmuch as 90 per cent of the reported cases give a positive Wassermann. However, the cause of a positive Wassermann in these cases is a disputed point.

The Biologic Classification of Pneumococci and the Serum Treatment of Lobar Pneumonia. By Frederic M. Hanes, Richmond, Va. April 16, 1915. *The Old Dominion Journal of Medicine and Surgery*, March, 1915, pp. 134-143.

Acute lobar pneumonia is caused by the growth of pathogenic pneumococci in the lungs. Until recently the pneumococcus was regarded as a homogeneous strain of organism since all pneumococci agree in their cultural and morphologic characters. By means of immunological reactions, especially agglutination and animal protection, Neufeld, Cole, Dochez, Hanes and others have shown that pneumococci can be divided into four groups, all the members of which possess common immunological properties. These groups differ in the severity of the pneumonia they produce and cause different mortalities in patients. It is, therefore, important for prognosis to know the strain causing a certain pneumonia. The strains or groups can be readily identified by a competent bacteriologist, and sera have been prepared by the Rockefeller Hospital New York, which promise to lower greatly the mortality of pneumonia. It must be insisted upon that in attempting to treat pneumonia by serum or vaccines the exact strain of pneumococcus must be identified. The paper contains interesting morbidity and mortality tables of pneumonia as observed at the Rockefeller Hospital.