pneumococcus can be isolated from the saliva of healthy men, no actual throat disease was attributed to the pneumococcus until Sir Felix Semon reported two cases¹ due to this organism.

All of my cultures were made first on the blood-serum agar furnished by the Baltimore Health Department. From the transparent isolated colonies, transplantations were made to milk, and other media. From the milk, smears were fixed for twenty seconds with tannic acid of 10 per cent. strength. After washing and blotting, this was stained with a saturated alcohol solution of gentian-violet mixed with four times as much carbolated water (5 per cent.) for one minute, and then washed and stained with the Gram-iodin solution for a minute. This is decolorized with alcohol and restained with a 60 per cent. alcohol eosin solution.

The *Streptococcus mucosus* will not show so distinctly in this stain as the pneumococcus. Hence, when I found an encapsulated coccus, occurring in pairs and short chains, and colored brownish-black, in a capsule stained pink, fatal to mice in twenty-four hours, I felt more or less convinced that we were dealing with the pneumococcus.

Since this pneumococcus predominated even in the contaminated cultures, and killed white rats within twenty-four hours after infection, I do not consider it radical to hold that the pneumococcus in question is responsible for the outbreak at present endemic in Baltimore.

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MULTIPLE DIVERTICULA OF ILEUM

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Patient.—A girl, aged 11, was brought to the hospital Feb. 11, 1912, suffering from typhoid. Five days after admission she complained of pain in the appendiceal zone and within ten hours the pain was so marked as to signify an intense infection and inflammation having all the appearance of an oncoming rupture. The pulse and temperature rose steadily, the thermometer registering 106 F.; the pulse was 164. Vomiting set in and was profuse.

Operation.—An incision of liberal length was made along the outer border of the rectus muscles. A large amount of straw-colored fluid was released and a portion of the omentum, completely free from any adhesions, presented itself in the opening. The cecum was almost rigid and the appendix not visible. A large semisolid and irregular-shaped mass was felt about 2 inches from the ileocecal valve; it consisted of the appendix, greatly enlarged and inflamed and firmly adherent to the under-surface of the ileum and to one small and one large diverticulum of the ileum. A third diverticulum was in close proximity to the tip of the appendix but not attached in any manner thereto. The large diverticulum was filled with a fecal mass as large as a man's thumb. The tip of the appendix carried three small concretions. The base of the appendix was slightly gangrenous, the body and tip very much injected and blood-vessels stood out prominently. Appendix was removed and stump cauterized. The small diverticulum was pushed into the bowel, while the other two pouches were removed, inverted and sutured over as in an enterostomy.

Postoperative History.—All symptoms rapidly subsided after the operation; the wound healed nicely, although the typhoid condition ran its usual course, and the patient finally recovered sufficiently to return to her home. I have never seen in practice or in the literature a similar case. It is not uncommon to run across a diverticulum in abdominal work but I believe it unusual to see a multiple condition.

A CASE OF EXTENSIVE PIGMENTED AND HAIRY NEVUS

OF THE "BATHING-TRUNK TYPE," PRESENTING
GENITAL TUMORS

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It is fortunate that the extensive cases of pigmented and hairy nevus are infrequent, as the condition may be extremely disfiguring and is practically impossible to relieve. The majority of such lesions are seen on almost any portion of the body and do not present any particular configuration. In a certain number of cases, however, the lesions, for some unknown reason, are situated on the lower portion of the trunk and upper portions of the thighs and closely simulate in appearance a pair of bathing-trunks. This peculiar localization is well shown in Figures 1 and 2.

Patient.—Rose M., a girl 4½ years old, born in the United States, of Russian parents, is the second of four children all of whom are living and healthy. There is no tendency in any member of her family to suffer from any form of nevus. While the lesions were present at birth, the mother says that the pigmentation has gradually become darker, and the growth of hair somewhat longer and more profuse. The child is intelligent, strong and sturdy and has always enjoyed excellent health.

General Description of Nevus.—About one-half of her body is covered by pigmented and hairy lesions. The greater portion of the nevus consists of a solid symmetrical sheet, involving the lower two-thirds of the trunk and upper three-fourths of the thighs. The upper borders of this area extend anteriorly from the point midway between the umbilicus and xiphoid, upward and outward to meet posteriorly and include three-fourths of the surface of the back. The color of the pigmented area is brown. It is not uniform, however, but more or less mottled by the presence of small black spots scattered over the brownish surface. The pigmentation on the abdomen is somewhat less marked than it is on the back and legs. The greater portion of the area described is covered by an abundant growth of dark hair. This is most marked on the anterior surface of the thighs, where the long stiff hairs form a veritable coat of fur. The hair on the abdomen is soft and downy in character. On the legs are several rounded pigmented areas averaging 8 cm. in diameter and covered with long stiff hair. The soles present a few pigmented spots, the palms being free. The remaining portions of the body, including the face and scalp, present a large number of pigmented spots varying from a pin-head to a quarter in size. The smaller lesions are smooth while the larger ones are more or less covered with hair. On the right cheek there is a white scar, where a pigmented hairy lesion had previously been removed by the application of nitric acid.

Tumors.—The lower right aspect of the back presents a large, raised, flattened area of soft and elastic consistency. Bordering on this large area are two rounded soft tumors, the larger being the size of a large cherry. The right inguinal region presents an elongated soft elastic swelling about 3 inches long, simulating a hernia in appearance. It is, however, not reducible and gives no impulse on coughing. Arising from the labia majora are three globular, soft, elastic tumors. Their surface is smooth, and the skin covering them is normal in appearance and not adherent. Two of the tumors arise from the left side of the vulva, one above the other. The lower one is pedunculated and the size of an apricot. The upper one is as large as a hazel-nut and is sessile. The tumor on the right side is the size of a cherry and is pedunculated. The appearance of the child at first glance is that of a male, the little, genital tumors looking like testicles. With the exception of these tumor-masses of the labia the genital organs are perfectly normal in appearance.

1. Semon: Brit. Med. Jour., June 20, 1900.