cases in the neighborhood or not. The next winter she moved to the country and was bothered at intervals through the next three years with recurring attacks of bloody dysentery, lasting for periods of from six to eight days to two and three weeks, but clearing up. When first seen she was suffering with a typical attack of influenza. Because of her complaint of a bloody diarrhea and a high eosinophilic count an examination of the stool was made at once and what was thought to be *T. intestinalis* found. Later in the day upon examining same stool (about twelve hours after first examination) these *T.* had apparently lost the flagellum. There was at this time no ameboid movement, nor were there any nuclei or accessory nuclear bodies noticed. The next day another stool was obtained and in this was found a small, very rapidly moving body. The next morning another stool was obtained that contained both *T. intestinalis* and the ameboid bodies. This stool was kept warm and studied for forty-eight hours. The encysting stage was noted. The swimmers were seen and the ameboid stage observed all in this one stool. On this and the clinical symptoms the diagnosis was made.

This matter is called to your attention and these two cases reported today because, to quote Barlow again, "There is but little doubt that the chief source of infection is drinking polluted water. A patient may carry *Craigia* for months before seeking medical aid, but the infection, although beginning mild and insidiously, is fully as dangerous as that of *E. histolytica* to the patient, and even more so to the community, as it is much more common for a patient with *Craigiasis* to remain a carrier for years than is the case in *entamebiasis*."

BIBLIOGRAPHY

1. Craig, Capt. Chas. F.: The Classification of Amebas, Archives of Int. Med., May, 1914; Vol. XIII, pp. 737-769.
2. Doflein, F.: Lehrbuch der Protozoenkrankheiten, Ed. 3, 1911, p. 603.
3. Calkins, G. N.: Genera & Species of Ameba. Tr. Fifteenth Internat. Cong. Hyg. & Demog., 1912, II, 287.
4. Barlow, Nathan: *Craigiasis*, Amer. Jour. Trop. Dis. & Prev. Med., May, 1915, Vol. 2, No. 11, pp. 680-703.

AUTHORS' ABSTRACTS

Medicine

Reed's Bacillus of Epilepsy. A. J. Hinkelmann, Galesburg, Ill., New York Medical Journal, Hinkelmann, in the New York Medical Journal,

publishes a microphotograph of Reed's bacillus of epilepsy, taken directly in a blood smear from an epileptic patient, five hours after the seizure.

Hinkelmann says of this organism that it is highly hemolytic, and to this fact may be due a part of the pathological conditions present in epileptics. Cultures made on blood agar plates show a hemolytic spot at the point of a growing colony long before the colony itself becomes visible. He found the organism abundantly present in the capillaries, and both spores and organism could be easily demonstrated in smears. Its high resistance to germicidal agents is a fact to which Hinkelmann attributes therapeutic importance and significance. It will live on phenol solutions at from 5 to 10% for many hours and a much higher strength is necessary to kill it instantly. Hinkelmann has found this organism in the feces of non-epileptics and concludes, therefore, that it may, at least at times, be found in the intestinal flora. He further deduces from this fact that intestinal distortions with resulting stasis is necessary for the forced absorption of the organism into the circulation.

Pellagra: J. R. Ridlon, Washington, D. C., Public Health Reports, May 19, 1916, pp. 1231-1242.

This article is a record of certain laboratory examinations of the feces, blood and urine of pellagra patients under treatment at Savannah, Ga.

A summary of fecal examinations shows that of 95 patients, 41 were infected with *Trichomonas*, 22 with *Entamoeba coli*, 18 with *Lambia intestinalis*, 10 with *Necator americanus* and 2 with *Strongyloides stercoralis*. The most characteristic stool noted during the acute stages of the disease was a copious, mushy and frothy stool of a pale yellowish color, or with a slight grayish shade, the frothiness being due to the presence of bubbles from fermentation.

Complement fixation tests were made upon specimens of blood from 55 pellagra patients, using a modified Noguchi technic. All tests were negative and no evidence was found that uncomplicated pellagra gives a positive Noguchi reaction.

Observations were made upon the blood of 28 patients to determine the number of red and white corpuscles, the differential leucocyte count, the hemoglobin content, the color index and the appearance of cells in stained specimens. No marked variation from normal was noted beyond a mild degree of secondary anemia.

The urines of 57 patients were tested for indican a total of 2,524 times on different days. Results were positive for indican in 55, or 96.4% of patients, and more than four-fifths of the total tests were positive.