

count and fluctuation suggested pus. Drs. Hatch and Matas in consultation. Surgical intervention was the only course and it was done. Pathological report of pus and tissue pneumococci. Infection persisted for six months. Was on operating table four times. Final results excellent except for a stiff knee.

The fact that pneumococci are found in the respiratory organs leads me to believe that the infection may have entered the blood stream through the traumatized tear duct. Should it not be a lesson of caution against probing?

Case 2.—Six-year-old girl, after five weeks' pertussis, developed a very irregular, septic type temperature. Maximum 106°, minimum 94° by rectum, with normal intervening. Physical examination of entire body, including senses negative, except for faint blow of heart. High leucocytosis present. X-ray—Shadow at base of right lung, probably empyema. Needle disproves X-ray. Malignant endocarditis considered. Repeated blood cultures and plasmodia negative. Catherized specimen of urine repeatedly negative. Medicine has no effect. After 17 days of illness, temperature and pulse became normal. X-ray at this time shows lung clear. The following few weeks, recrudescence of temperature for a few days, which was checked by quinine. Was it broncho-pneumonia?

**The Frequency of Unsuspected Syphilis, With Special Reference to Its Incidence in So-Called Neurasthenia:** James S. McLester, Birmingham, Ala., *Journal of the American Medical Association*, June 24, 1916, p. 2063.

The routine employment in private practice of the Wassermann reaction on 300 consecutive patients revealed a great many instances of heretofore unrecognized syphilis. These patients represent a higher social level than do those of the numerous hospital reports, and, seen only in consulting practice, their study offers some indication of the role played by syphilis in the more obscure syndrome of internal medicine.

Eighteen and eight-tenths per cent of the 300 serial tests were positive, and of the 56 positives, 34, or 61%, gave no history whatever either direct or suggestive of luetic infection.

A noteworthy group was formed by thirty-two patients who, according to current usage, must be called neurasthenics. Approximately 50% of those falling in this group gave a positive Wassermann reaction. Of the five patients who submitted to lumbar puncture, the spinal fluid was negative in all except two. The question then arises, are not such neurasthenics with positive blood Wassermanns potential paretics?

The author concludes that syphilis is a vastly more important factor in internal medicine than is commonly thought; and that a large number of so-called neurasthenics are infected with syphilis, possibly presenting a mild form of cerebrospinal lues.

**Gastric Ulcer Experimentally Produced by Means of the Staphylococcus Organism: A Preliminary Note.** Edgar C. Steinharter, Cincinnati,

Ohio, *The Boston Medical and Surgical Journal*, May 11, 1916, p. 677.

Observations were made on 40 rabbits. Part of them received locally into the stomach wall an injection of the staphylococcus pyogenes and a very weak acetic acid solution. In the remainder the organism alone was injected intravenously into the general circulation. Based on this study the following statements are made:

1. Typical peptic ulcers varying from one-quarter of an inch in diameter were produced by injecting locally into the stomach wall the staphylococcus organism of certain grades of virulence and a weak acetic acid solution.

(a) The injection of the organism alone usually caused the development of a small localized and firmly walled off abscess at the point of injection.

(b) The introduction of the acid alone into the stomach wall, beyond causing more or less edema, provoked no gross pathological change in the tissues. It certainly never caused an ulcer; but it did seem to increase the susceptibility of the area for localization of the staphylococcus injected into the general circulation.

2. The tendency of selective localization in certain organs was found to depend among other things upon the virulence of the organism and could be modified by cultivation in functioning tissue. For instance, a culture of the organism isolated from a joint was apt to form, on intravenous injection, a septicopyemia with abscesses predominating in the skeletal and myocardial muscles; that from the appendix showed an affinity for the intestinal tract, so that at times the appendix was the only organ revealing any gross lesion.

**Vitamin Solution of the Pellagra Problem: A Preliminary Note.** By Edward Jenner Wood, Wilmington, N. C., *Journal of American Medical Association*, May 6, 1916, p. 1447.

The idea is suggested that an analogy may be made between the relation of rice to beri beri and the relation of corn to pellagra. Unintentional experimentation of Nightingale in South Africa would tend to show that the highly milled corn would cause pellagra and that substitution of the whole grain without any removal in milling produced a curative result "immediate and magical." Experiments carried out on pigeons indicated that there is a definite disease condition which is due to feeding highly milled meal and that it is promptly relieved by feeding the whole grain crushed in the laboratory. If the results are borne out by further evidence it would seem that the solution of the pellagra problem will be a simple one well within the reach of the poorest.

This idea is not a new one. It was theoretically suggested by Casimir Funk in 1912, after his solution of the beri beri problem. It will be recalled that he found that there was a deficiency in polished rice which was due to the lack of a complex chemical body which he named vitamin. It seems reasonable by the theory above suggested to account for the appearance of pellagra when it was first described. Certainly the disease could not have been overlooked and it will be interesting to study the time of its appearance with the time of the disappearance of the old water mill which ground the whole grain.