University, and from the blood obtained a vigorous culture of pneumococcus. A vaccine from this culture was prepared and given in doses of 100 millions daily, as the case was desperate. In two days another large swelling appeared over the left hip, which tracked down the thigh under the fascia lata; this was also opened and drained. The pus contained enormous numbers of pneumococci. The patient had in all 14 injections of autogenous vaccine, and finally she made a good recovery. There is still some stiffness with adhesions in the left shoulder, but otherwise she bears no trace of her virulent infection.

CASE 3.—A girl, aged 16, was admitted to the hospital suffering from acute lobar pneumonia with great pain and distension of the abdomen. The pneumonia ran a very acute but short course and the crisis occurred on the fifth day. The abdomen being still very painful and tender to pressure it was thought necessary to explore it. On opening it in the middle line a large quantity of creamy pus escaped, which under the microscope was found to swarm with diplococci and well-marked capsules. Two mice were inoculated and a vaccine was prepared. The abdomen was drained for ten days and after six injections of autogenous vaccine the discharge ceased and the patient made a slow but complete recovery. In the course of her illness she developed puffy swellings over both elbows and the right shoulder. These swellings gave every appearance of suppuration, but after constant fomentation with boracic lotion they slowly subsided and entirely disappeared.

I am convinced that we have in pneumococcus vaccine a valuable aid in the treatment of pneumonia, and although not a specific remedy it ought always to be used in those cases of a virulent type which threaten the life of the patient.

Liverpool.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

DYSPEPSIA OR ULCER?

By I. B. MUIRHEAD, M.D., C.M. GLASG.

THE following case illustrates a point in the diagnosis of gastric ulcer hitherto little noticed. Whilst emphasising the differences of opinion which still divide the profession with regard to the question of operation, it suggests that localised pain, associated with diminishing weight, may come in many cases to be looked upon as a sufficient indication for surgical interference.

The patient, a woman aged 40, was seen on Sept. 21st, 1914. Three months previously she began to suffer from pain after eating, vomiting, constipation, and failure of strength. Her weight had fallen from 9 st. to 6 st. Vomited matters were usually grey or whitish in colour, occasionally darkish brown; contained no blood. No blood passed from bowel. Inability to procure sufficient food might have had a share in causing the illness, but this was denied very strenuously. The extreme emaciation, languid look, feebleness, and obvious anæmia were striking. In the abdomen, beyond tenderness on palpation, nothing abnormal was found. The position of the pain centre was, however, rather out of the common. It was definitely fixed at the junction of the upper and middle thirds of the line separating the left lumbar and umbilical regions. Here pain after eating was chiefly felt, and this was nearly always the situation of the pain, which led up to the attacks of vomiting. It may be stated that while later pain was frequently complained of

elsewhere, the position mentioned, somewhat above and to the left of the umbilicus, was always recognised by the patient as the seat of her chief and permanent pain. No enlargement of the spleen or lymphatic glands; urine normal.

From Sept. 21st to Nov. 4th treatment relieved both pain and vomiting up to a certain point, but the decline of strength and weight showed no improvement. It therefore became obvious that, if surgical treatment was to be given a chance, the time had arrived. She accordingly went to hospital, with a certificate that, in the opinion of her medical attendant, she was suffering from an organic gastrointestinal trouble. Though the certificate did not mention operation, the patient understood my views and the object of her visit. At the hospital three separate examinations, each lasting about a quarter of an hour, were conducted by different members of the staff, whose unanimous conclusion was that "they could find nothing beyond a history of dyspepsia and constipation."

As already stated, the patient denied that she had ever vomited blood, and down to Nov. 4th repeated examinations failed to discover a single unequivocal hæmatemesis. Almost immediately on returning from hospital she began to vomit blood, and continued to do so in considerable though diminishing quantities for about a week with the usual debilitating effects, accentuated by her already reduced state. From Nov. 10th to 15th, and again on the 21st, dark tarry motions were passed. After the 22nd no blood appeared externally, she vomited seldom, had comparatively little pain, and took nourishment fairly well. Apart from a slight tonsillitis from Nov. 27th to Dec. 3rd the lull in the acute symptoms continued till the morning of Dec. 11th, when rather severe abdominal pain was again complained of. At 11 A.M. on that day her appearance suggested a recurrence of bleeding, her pulse was quick and feeble, and her breathing laboured. She died the same afternoon. A necropsy was refused. In conclusion, I should like to make mention of the services rendered by the King's nurses.

Stoke Newington, N.

NOTE ON THE USE OF ANTISTREPTOCOCCIC SERUM IN ACUTE BRONCHITIS.

By J. G. HAYES, L.R.C.S., L.R.C.P. IREL.

I DO not know if antistreptococcic serum has been widely used in the treatment of acute bronchitis, but a few remarks on my own personal experience of its use may not be out of place. First of all, I believe I am right in saying that in the majority of cases of bronchitis, and particularly the more severe forms, some strain of streptococcus plays an important rôle; anyway, in cases where I have had the sputum examined streptococci have nearly always been found. The following are examples in which I have used the serum:—

CASE 1.—The patient was a woman, about 30 years of age, the subject year after year for some considerable time of recurrent attacks of very acute bronchitis associated with high temperature and great prostration, necessitating confinement to bed for nearly two months at a time. On the occasion of an attack in the beginning of 1913, which was a particularly severe one, autogenous vaccines were used, and though the doses were below the average they were followed by such dangerous reactions that they had to be discontinued after the fourth injection. In 1914 the patient developed symptoms that suggested a recurrence.