months. It has also been demonstrated in Case 1 that radium has had a very decided effect in reducing the size of a metastatic growth associated with carcinoma of the bladder.

3. No difference seems to have been evident in the result whether or not part of the tumor was removed. In Case 1 no part of the tumor was removed, while in Case 2 a considerable portion of the tumors was excised.

4. We are of the opinion that the peculiar pyrexia associated in both cases was due to an absorption following the destructive influence of the radium on the tumors. A thorough investigation did not disclose any other cause.

We wish to take this opportunity of thanking Dr. Wolf Freudenthal for the use of the radium applied in these cases.

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A CASE OF BACILLUS DYSENTERIAE SEPTICEMIA

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In the literature at my disposal, instances of isolation of the *Bacillus dysenteriae* from the blood during life seem to be very few in number. Darling and Bates (*Jour. Med. Sc.*, 1912, cxliii, 36), report a fatal case from which they recovered from the circulating blood the *B. dysenteriae* of the Shiga type. All of the references at hand either make no mention of the *B. dysenteriae* entering the general circulation or state positively that it does not do so. It seemed to be of interest therefore to report the following case which was seen in consultation with Dr. C. G. Hutson of this city.

The patient was a 3-weeks-old breast-fed infant which had been in perfect health before the onset of the disease. For a day or two the baby refused to nurse, became irritable, restless and did not sleep. The child was stupid and listless, whined at times and objected to the slightest touch. Physical examination revealed no abnormalities or pathologic processes in any of the organs. The temperature was 103 and pulse 180. At this time there was no diarrhea. In consideration of the fact that the grandmother of the infant was suffering in the same house with typhoid fever, a blood-culture was made. As we were unable to enter a vein, the blood was taken from the great toe and placed in bouillon from which the *B. dysenteriae* was obtained in pure culture. Although the baby's toe was carefully cleansed and the blood dropped directly into the bouillon, we did not give much significance to the result of the culture.

The baby continued to have a fever varying from 101 to 104.5 in spite of antipyretic measures and also developed a watery diarrhea. Five days later the baby suddenly began to have severe convulsions which came on every few minutes and lasted from five to ten minutes. When seen the hands, face and feet were very cyanotic, the pulse thirty to the minute, the breathing of the Cheyne-Stokes type, the pupils dilated and inactive to light, divergent strabismus, the tendon reflexes absent (at the first examination they were normal), and the child comatose. Through a lumbar puncture needle the spinal fluid flowed out quite rapidly, but contained at least one-half blood. The fluid came as bloody at the end of the flow as at the beginning, in fact, the needle was withdrawn and reintroduced at three different places with the same result. After the removal of 3 or 4 c.c. spinal fluid the convulsions ceased for a time, the pulse and respiration improved, and the cyanosis cleared up. The child died several hours later. Post-mortem was refused.

The spinal fluid obtained was carefully placed in bouillon and an organism found which was identical in all respects with the one obtained in the blood-culture.

The organism cultivated from the blood and spinal fluid had the following characteristics: It was a Gram-negative short bacillus, only sluggishly motile, and did not produce

indol in five days or coagulate or digest milk. It produced acid in litmus milk and this remained so for three days. In dextrose, levulose, lactose, mannite, galactose, maltose and dextrin bouillon this bacillus produced acid but no gas in twenty-four hours. Saccharose and inulin were unchanged. At the end of three days the mediums remained unchanged.

The organism corresponding to these reactions is the bacillus "Rosen" (from dysentery) and we therefore concluded that this was a case of *Bacillus dysenteriae* septicemia. The finding of the same organism in the bloody cerebrospinal fluid and the blood taken from the child's toe convinced us that the organism had been present in the general circulation from the onset of the illness. Death was no doubt due to the cerebral hemorrhage rather than to the toxemia. Nevertheless this case with the fatal case previously mentioned would lead one to think that the advent of the *B. dysenteriae* into the general circulation means a fatal outcome of such cases. More reports of *Bacillus dysenteriae* septicemia are necessary, to be sure, before drawing such a conclusion.

The source of infection could not be ascertained. The child was breast fed and the parents denied having given it any other food. It may have been given unboiled water, but this they also denied. The sick grandmother handled the infant and even kissed it on the mouth several times. The diagnosis in her case, however, was unquestionably typhoid fever, as a blood-culture done by Dr. A. L. Smith in our laboratory revealed an organism identical in all its reactions to the *Bacillus typhosus*.

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HYGROMA OF THE GROIN

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The following case of hygroma in the groin is of interest on account of its apparent rarity and also because the method by which healing was finally induced is not commonly in vogue.

Surgical literature contains very little concerning hygroma in the groin. In a carefully prepared paper by Dowd in the *Annals of Surgery* for June, 1913, in which are reported several of his own cases, he goes over the literature of hygroma and refers to the fact that it seldom appears in the groin. A rather painstaking search fails to reveal any reported instances of cystic formations in this region, though, doubtless, cases have been noted, for the abundant supply of lymphatic tissue here would indicate a fertile field for their development.

The patient was a boy of 16 who was sent me with a diagnosis of psoas abscess, to which clinical appearances pointed. There was present at the upper and anterior aspect of the right thigh a large tumor extending from the groin half way to the knee, with the characteristic feel of a tense abscess. On the outer side of the thigh there was a discharging sinus through which a probe could be passed to a point over the head of the femur. Examinations of the hip-joint and spine were, however, negative, as were also roentgenograms of these parts.

Nevertheless, the clinical picture was one of cold abscess. The swelling had enlarged rapidly, having developed in three months without pain or temperature, and there was no history of injury or infection.

The patient was taken to the Post-Graduate Hospital, and incision of the tumor resulted in the evacuation of about a quart of a clear, straw-colored fluid which contained no pathogenic organisms. Exploration revealed a multilocular cavity extending to the ramus of the ischium without definite source of origin, the bone not being involved. There was no connection with the sinus on the outer side of the thigh. The cavity was lined with an extremely delicate membrane, but there was apparently no limiting membrane of a fibrous nature, the resistance of the muscles and fascia acting as a retaining wall.

The cavity was thoroughly scraped and allowed to drain. A few days later a constriction half way toward the ischium closed and the upper end of the cyst rapidly refilled, neces-