

MENINGITIS DURING ERYSIPELAS.

ROGER (*Revue de Médecine*, April, 1895), in an article on pneumococcus infections in erysipelas, points out that though we are apt to regard most of the infections secondary to this disease as secondary streptococcus localizations, they are really relatively frequently due to other organisms.

He reports three cases of meningitis occurring during the course of facial erysipelas, in all of which the pneumococcus was the predominating organism in the meningeal exudate, though in two cases the streptococcus was also present in small numbers. In all the cases there was lung-involvement also, one of the lower lobes being consolidated and the pneumococcus being found in cultures therefrom.

In speaking of the symptoms the author states that in two cases out of the three they were too slight for diagnostic purposes, consisting only of delirium and incontinence of urine and feces. One case showed the typical signs of meningitis.

Roger is inclined to regard these cases as auto-infections, as he has no evidence of extension by infection from other cases, and he calls attention to the fact that Netter has shown that virulent pneumococci can be isolated from the sputa of quite a large proportion of convalescent erysipelas cases.

A CASE OF SYRINGOMYELIA WITH ARGYLL-ROBERTSON PUPIL.

LÉVI and SAUVINEAU (*Société de Biologie*, April 12, 1895) report an interesting case of syringomyelia in which the Argyll-Robertson pupil was one of the symptoms. The case presented the symptoms of muscular atrophy, changes in sensibility, and paralysis, with cutaneous trophic disturbances in the form of a bullous skin-eruption. Besides the ordinary signs of syringomyelia there were also present motor inco-ordination and loss of tactile sensibility. The authors leave the question open as to whether this is a simple syringomyelia or a syringomyelia combined with tabes, of which several cases have been reported.

The Argyll-Robertson pupil, they state, has never been observed so far in syringomyelia pure and simple.

Outside of tabes and general paresis, the Argyll-Robertson pupil has been observed unilaterally in hypertrophic cervical pachymeningitis, in cortical hemiopia, and in one case of high Pott's disease.

The authors do not pretend to locate the lesion causing the symptom in this particular case.

PSEUDO-MEMBRANOUS SORE-THROAT DUE TO OIDIUM ALBICANS.

TESSIER (*Archives de Médecine Expérimentale*, March, 1895) reports a case of pseudo-membranous angina in which the only organism present was the ordinary thrush fungus.

The disease occurred in a female, aged twenty-three years, who had been treated for secondary lues. The patient was taken suddenly with chill, slight fever, malaise, and anorexia. The next day she complained of sore-throat and pain on swallowing, and examination showed two white patches, which had not previously existed, on the anterior pillars of the fauces. The

membrane was in the form of a moderately thick pellicle similar to the eschar formed by canterization with nitrate of silver.

Posterior to the patches, on the tonsils, mucous patches were to be observed on either side.

The membrane presented a certain amount of resistance, but was easily detached with a platinum needle, and on removal the surfaces presenting showed a similar appearance to the neighboring mucous patches.

Examination of both cover-slips and cultures showed the only organism present to be the *oïdium albicans*, which in the membrane itself lacked mycelium, but this developed on appropriate media.

The author concludes that the *oïdium* can be infective, and points out the fact that Grasset was able to produce suppuration by inoculating it subcutaneously into a rabbit.

THE COEXISTENCE OF TRUE LEUCOCYTHEMIA AND CANCER.

LANNOIS and REGAND (*Archives de Médecine Expérimentale*, March, 1895), after remarking on the rarity of the coincidence of these two diseases, record a new case. The patient was a female, aged fifty-eight years, who for the three preceding years had had some glandular enlargement, and for two years had had uterine symptoms.

Physical examination showed an epithelioma of the cervix uteri and very marked general glandular enlargement, accompanied by enlargement of the liver and spleen. Examination of the blood showed a proportion of one white to twenty-five red corpuscles, the white corpuscles being chiefly of the small mononuclear variety.

The patient gradually sank, and died with fever about six weeks after admission.

The autopsy showed general enlargement of the lymph-glands, with enlarged liver and spleen and carcinoma uteri. The histological examination of the glands showed simple hyperplasia and no signs of carcinoma; the liver and spleen showed the changes usually associated with leukæmia. The uterus showed carcinoma of the alveolar type. Bacteriological examination showed a general streptococcus infection, the organism having penetrated even into the lymph-glands, though the authors regard this as secondary, and do not claim any connection between the infection and the blood-changes.

HYDATID OF LIVER INFECTED WITH PNEUMOCOCCUS.

GALLIARD (*Presse Médicale*, April 20, 1895) has reported the case of a man of fifty years, who entered hospital for symptoms of intestinal obstruction. He had violent pain in the right hypochondrium, the liver was enlarged, and the diagnosis of hepatic colic was made, as for two days he had had slight icterus with colorless stools.

The pain in the lower region gradually disappeared, the swelling still remaining, and high fever developed; puncture withdrew pus which was not bile-stained.

An incision later showed numerous hydatids and a pure culture of the pneumococcus in the fluid. The man gave no history of a previous pneumonia.