

infectious diseases. We are not, he says, able to separate absolutely these three groups by the clinical symptoms, the pathological findings, or even by bacteriological examination.

The bacteriology of meningitis is not yet fully settled. No specific bacterium has yet been with certainty demonstrated. Like pneumonia, meningitis may be caused by several different forms of bacteria.

Collins divides true meningitis into three varieties: Leptomeningitis, cerebro-spinal meningitis, and tuberculous meningitis. In the first group bacteriological examination will reveal the presence of some pyogenic organism, of which the pneumococcus, the streptococcus pyogenes, and the diplococcus pyogenes are the most common.

In cerebro-spinal meningitis the organism most frequently found is the pneumococcus, which in both sporadic and epidemic cases has been found in pure culture. But recent German teaching attributes much to the diplococcus intracellularis, which closely resembles the diplococcus of pneumonia. The exact relationship of these two germs is in dispute. Tuberculous meningitis is due primarily to the tubercle bacillus, which is, however, often accompanied by pyogenic germs, thus resulting in a mixed infection.

Other causes are simply predisposing. Weichselbaum asserts that the diplococcus intracellularis is the exciting cause of the epidemic form of cerebro-spinal meningitis, although it may be complicated with other germs. It is not, however, asserted that this diplococcus is found in the sporadic forms of the disease, which are said to be due to the common germs of purulent meningitis, particularly the pneumococcus.—*Abstract from Archives of Pediatrics.*

Cerebro-Spinal Meningitis.

T. M. Rotch (*Archives*, September, 1898). A girl, 3½ years old, admitted to hospital, January 17th; symptoms indefinite, a little vomiting and headache, with indications of rachitis. Temperature ranged from 98 to 105, pulse from 98 to 140, respirations 30. Blood examination showed nothing abnormal in the form and size of the red corpuscles. A lumbar puncture was made, and the diplococcus intracellularis was found, and the diagnosis of chronic cerebro-spinal meningitis was made. The subsequent course pointed decidedly to this disease. The case lasted till the end of April and then recovered.

Intussusception.

T. M. Rotch (*Archives of Pediatrics*).

CASE 1. A girl five years old, with history that for six months she had had paroxysmal attacks of abdominal pain and