

is not unlike an embolus, and it is possible that this plug is of the nature of a retrograde embolus.

The specimen illustrates very well the process of infective thrombosis beginning in the uterine sinuses and extending into the emissary veins. From the specimen it is evident also how the general blood stream is constantly supplied with fresh infection.

The second specimens are of a bacteriological nature. The bacteria were isolated from a case which has given us much trouble. The patient was a girl of twenty-six, suffering from a mucous colitis. The colitis had existed five months previous to her admission to the Hospital, and blood and mucous were present in the stools. Shortly after admission, cultures were made from the mucous discharge from a colostomy. This culture I show you here in comparison to a culture of *B. typhi* and *B. dysentery*, (Flexner). Culturally the organism resembles the Flexner bacillus very closely, save that it is motile and produces a greater amount of alkali in the litmus milk.

We have now had this culture under observation for over a year, but its reactions on the media are the same as when it was isolated. Briefly, its cultural features are the following:—

The organism is a Gram negative bacillus, about the size of *B. coli*. It is motile; does not produce spores and grows readily on ordinary media. On broth it produces a diffuse cloudiness, without a pellicle. On agar the colony is greyish-white, slightly moist and has a luxuriant growth. On milk there is a transient acidity of very short duration, followed by alkali production. There is no coagulation or digestion of the milk. Dextrose is fermented to acid without gas, as is also mannite. Lactose, saccharose and maltose are not fermented. There is no indol production. The organism was not agglutinated by known Flexner and Shiga dysentery sera.

This organism was isolated several times from the mucous discharge, and once in almost pure culture.

Twenty-one months after the beginning of the illness the patient died. The lesions in the large bowel were those of a chronic dysentery, which, in places, were in the process of healing.

Microscopical sections of the colon showed a loss of the mucosa in many parts of the bowel, with a thick granulation tissue in the sub-mucosa. In other places there was some regeneration of the mucosal layer. We have, therefore, a typical case of dysentery, from which a dysentery-like organism was isolated. I believe that, although this organism is not a typical dysentery bacillus, it produced lesions which are identical with those of true dysentery.