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Pneumococcic Peritonitis.—(Continued from July issue.)

We know that the pneumococcus is the habitual guest of certain natural cavities in man, especially of the mouth and lungs. We must not, therefore, be surprised to see the development of a pneumococcic infection, under special circumstances which have as their result the awakening of the virulence of the microbe or the diminishing of the resisting power of the tissues which lodge it. Generally, the pneumococcic infection in man is localized in the lungs. It is not rare, however, to find other organs attacked, either primarily or secondarily. Observations, becoming more and more numerous, prove conclusively that no tissue, no organ, is safe from it.

The mechanism of the primitive infection is easily understood :

"The pneumococcus, an impartial guest of the cavities, suddenly puts forth all its virulence. Hence angina with false membranes, otitis, meningitis, metritis, and perhaps peritonitis. Secondary affections are caused by the fact that the germ borrows the lymphatic channel, or rather the blood channel, in order to swarm through the organism, creating thus a general infection, whence phlegmasia, endocarditis, pericarditis, arthritis, etc."—(A. Lippmann.)

Among the various results produced by the pneumococcus on the respiratory system (pneumonia, broncho-pneumonia, bronchitis, pulmonary congestion); on the circulatory system (endocarditis, pericarditis); on the digestive system (angina, stomatitis, peritonitis, gastritis); on the nervous system (cerebro-spinal meningitis, paralysis); on the locomotor mechanism (periostitis), etc., there are some which interest the surgeon more particularly. We will mention pleurisy, periostitis, otitis, pneumococcic arthritis and pneumococcic peritonitis.

The case of pneumococcic peritonitis which we described (translated in July issue of CANADIAN PRACTITIONER) must be considered, from its development and its progress, as of primitive character. Weichselbaum, Waterhouse and other authorities admit the possibility of primary pneumococcic peritonitis. We shall not discuss the path which the germ may have taken in order to invade the peritoneum, nor what were the probable causes of this contamination of the peritoneum, not having