

when one sees a photograph of beautiful lanceolate diplococci described as meningococci the necessity for greater care in diagnosis will be readily seen. The finding of diplococci or "bodies in the tissues resembling the meningococcus" is not sufficient to warrant the statement that these were meningococci. The staining of Gram positive organisms in tissue is a simple procedure; on the other hand the staining of Gram negative bacteria, and especially the meningococcus, is a matter requiring special technique and very great care. If in staining tissue by one of the ordinary methods, diplococci are found, we may be sure they are not Gram negative organisms. For obvious reasons Gram negative bacteria will not be stained by such methods. Duval has recently described a method of staining Gram negative organisms in tissues. I have seen some very pretty slides showing gonococci stained in the tissues and would advise its use for the meningococcus, but the latter organism will be found even harder to stain than the gonococcus. The demonstration of Gram negative diplococci in smears, especially in eye bacteriology, is not sufficient to name the organism. Only lately I obtained upon three occasions the micrococcus catarrhalis from inflamed conditions of the conjunctiva. In the smears they were intra and extracellular, and without cultivation would have been diagnosed gonococci, so that to differentiate the Gram negative diplococci of the conjunctiva, even in cases of epidemic meningitis, a study of the cultural features of the organism is necessary.

Conjunctivitis as a complication of epidemic cerebro-spinal meningitis has long been recognized. Among 111 cases of meningitis Councilman saw ten complicated with conjunctivitis, among 30 Davis saw eight with the same complication. Robinson stated purulent conjunctivitis was a not infrequent complication of meningitis, but unfortunately the bacteriological examination was not often reported. Ballantyne in a paper on "Ocular symptoms in cerebro-spinal meningitis" stated hyperæmia of the bulbar and palpable conjunctiva occurred in many cases. A certain degree of bulbar injection is quite common even in the first few days and may persist for some time. Among the 73 cases examined, 13 had acute catarrhal conjunctivitis with more or less purulent discharge. In the majority it was a symptom of the early acute stage, but in several appeared in late stages and might well have been due to outward infection from the incomplete closure of the lids. No attempt was made to work out the bacteriology of the discharge. In two cases conjunctival hæmorrhages were present. McGregor, who mentioned this symptom to Ballantyne, saw conjunctival hæmorrhages quite frequently in the earlier cases of the Glasgow epidemic. They were usually during