and I was eager to study the pathological changes of the spinal cord and its membranes.

I performed the post-mortem examination and kept the following notes:

Spleen greatly enlarged (three times its normal size, soft and friable). Liver, signs of cloudy swelling present. Kidneys enlarged and hyperemic. Stomach normal; the intestine showed patches of congestion in the lower part of the ileum, solitary glands slightly congested and raised. Heart flaccid and its cavities dilated. Lungs edematous. Brain and cord apparently normal; meninges in the vicinity of the pons hyperemic; those at the level of the cervical enlargement extremely congested and almost hemorrhagic.

From the above data one could not exclude the possibility of an acute general infection, and in order to establish the nature of the infecting agent, I made several smears on agar from broth cultures of the spleen, bile-ducts, and cerebrospinal fluid; these were labelled I., II., and III., respectively. A growth appeared in I. after three days' incubation at 37°C., while II. and III. remained sterile. The colonies were greyish-white, circular, and transparent; and consisted of cocci which did not stain with Gram's method. Cultural reactions showed that the microorganisms did not liquefy gelatine and did not ferment glucose, lactose, and saccharose. Litmus milk was not clotted. Neutral red was unchanged after sixty hours' incubation. MacConkey's bile-salt broth was unchanged. A positive agglutination reaction with the serum from typical cases of Malta fever, in a dilution of 1 in 200, was obtained in a few seconds. There could be no doubt that the microorganism isolated from the spleen was the M. melitensis, and that the signs of ascending paralysis in this case had supervened during the course of an attack of Malta fever.

REACTION OF SERA OF ANOMALOUS AND OTHER FEVER CASES TO BACILLUS COLI.

By Major F. Smith.
Royal Army Medical Corps.

In thirty-six consecutive cases sera sent for examination have been tested for agglutination with Bacillus coli. A surprisingly large proportion showed a positive reaction, and in a few instances the reaction was so pronounced as to suggest that B. coli may be an occasional cause of a typhoid-like fever in India.

Number of cases examined ... ... ... ... 36
" positive to both B. typhosus and B. coli ... ... 4
" positive to B. typhosus and negative to B. coli ... 2
" negative to B. typhosus and positive to B. coli ... 13
" negative to both B. typhosus and B. coli ... ... 17

The examinations were made microscopically, employing a twenty-four hours living broth culture. Reactions below 1 in 20 were not taken into account.
JAMES GOODALL ELKINGTON.
Surgeon 30th Regiment.
Shortly after his return from Waterloo.