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On going through all the recorded cases of purulent pericarditis operated on, there does not appear to have been one in which tubercle was the cause of the condition, a fact certainly worth noting.

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CASE OF INFECTIVE ENDOCARDITIS SUCCESSFULLY TREATED BY RECTAL INJECTIONS OF ANTISTREPTOCOCCUS SERUM.*

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A. R., aged 15, printer's boy, admitted into Matthew Ward, St. Bartholomew's Hospital, April 9th, 1902.

History.—He felt ill two days previously, and had a rigor on each day. He had pains all over the body, and a rash appeared on the trunk and limbs. There was no history of growing pains, rheumatism, or chorea. The family history was unimportant, but the father was believed to have suffered from rheumatism.

State on Examination.—The boy was anaemic, very feeble, and ill, movements were painful, and caused dyspnoea. He was sparsely nourished, fair-haired, with grey eyes. Pupils large, reacting well, conjunctivae suffused, tongue thickly furred. Teeth fairly good. Fauces red and congested, tonsils large and engorged. The pulse was full and soft. The temperature was 98.8° F. on admission, but rose in six hours to 103.8°, when he had a rigor. There was a septic scab on the right elbow, the result of a recent injury. On the limbs and abdomen were several raised red spots of various sizes which closely resembled patches of erythema multiforme or erythema nodosum. The lungs were free from disease, and the thorax moved well. The liver was of normal dimensions, and the spleen impalpable. The heart's apex beat was inside the nipple line, with increased impulse. A systolic murmur was audible at the apex, heard all over the precordia, and the second sound was muffled. The urine was of specific gravity 1016 and free from albumen and sugar. Knee-jerks natural. Rigors occurred on April 11th and 12th, and on the latter date a fresh eruption of erythema. On the 14th an eruption of herpes appeared on the left cheek. On the 15th there was another rigor, with temperature of 104.8°. On the 17th Vidal reaction was negative. For some days afterwards there were rigors daily and occasional fresh eruptions, some with petechial haemorrhages, and some on the hands, vesicular, and there was vomiting at intervals. Between the febrile attacks the boy felt well and took his food with relish.

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During the attacks there was headache, with more rapid respirations and some huskiness of the voice.

Serum Treatment and Progress.—April 30th. Treatment with fresh yeast was begun, two or three tablespoonfuls being given in water twice or thrice daily. Hitherto, salicylate of sodium, quinine, and calomel had been given with no benefit, and a light diet with fish. Ten c.cm. of antistreptococcus serum, prepared from mixed cultures, were injected into the left flank. This was repeated on May 4th. Pains in the limbs were again felt. No improvement appeared to follow these injections, and the temperature rose daily in flights to 102°, 103°, and 105°. May 11th. Slight rigor. Temperature, 104.2°. May 12th. Conjunctivitis of left eye with ecchymosis, and swelling in the left ankle-joint. Occasional fresh outbreaks of eruption. Patient still feeling well in the intervals of fever, and eating well. Oil of gaultheria in π xx doses relieved the pain in the ankle. A blood count showed 4,000,000 red globules, and 55 per cent. of haemoglobin, colour index 0.68, and a culture of it proved negative of any organisms. May 22nd. The pyrexia continued, with falls to 97° and normal daily. The yeast was taken daily. Effusion was now found in the left knee. A cultivation of the fluid in it proved negative. A presystolic murmur was now observed, and a systolic murmur followed it. A soft souffle was also heard in the aortic area, and in the pulmonary arterial area, the second sound being clear. May 27th. Some pains in the left shoulder-joint. June 1st. No more rigors, but daily flights of temperature, 103° or 104° with remissions to normal or below this. The patient was gradually losing strength and appetite and was very ill. Fresh spots came out at intervals, and pains occurred in various joints and other situations. It was now decided to employ mixed antistreptococcus serum by means of rectal injections, 10 c.cm. to be given daily. In two days there was improvement, and this was more decided in the course of a week. The temperature had not exceeded 101.2° since this treatment was begun, there was less pain and no further outbursts of spots. The appetite improved markedly, and the boy said he felt quite well. The yeast treatment was continued together with the serum injections. From this time the improvement steadily continued. The cardiac murmur altered somewhat, the systolic murmur remaining, but not being heard at the scapular angle. The blood count on July 17th, was 6,260,000 reds, 8,000 white, 57 per cent. haemoglobin, and the colour index 0.45. There was no further rash, and there was improvement in the general nutrition. The pyrexia was subdued within two weeks after the rectal injections. By the end of June the temperature had become fairly normal. The serum treatment was maintained well into July, long after the febrile condition had abated. The boy was sent to the country for three weeks, and returned in excellent health. He was taken away from London and set to work in a farm in the country. The heart sounds were found to be normal in September, and the boy was in the best of health. The first diagnosis in this case was that of a severe form of erythema multiforme associated with rheumatic infection, and the cardiac condition tended to confirm this opinion. In spite of appropriate treatment, the boy grew worse, and the pyrexia became very severe, accompanied with rigors at irregular intervals. The changes in the cardiac sounds indicated an active endocarditis, and led to the belief that this was of an infective nature. It was doubtful if the small septic wound on the arm was the true source of the illness. Yeast was employed in view of the septicaemia, and I am not disposed to regard its influence as unworthy of serious consideration. But certainly no good effects were apparent before the use of regular doses of antistreptococcus serum by the rectum. The boy was manifestly losing ground steadily before this treatment was begun, and the daily improvement afterwards was very certain and remarkable. It was satisfactory to note the perfect recovery which was maintained for some months, and to find that the cardiac condition had completely passed away and left no signs of mischief. This case may be taken to illustrate the effects of a specially virulent quality or variety of the specific infecting microbe which commonly induces ordinary rheumatic symptoms, and may add support to the view of Drs. Poynton and Paine that infective endocarditis may sometimes be a primary affection due to a virulent form of the peccant matter of rheumatism.

A BED in St. George's Hospital has been endowed by the members of the Bachelors' Club in memory of twenty-eight members who were killed or died of wounds or disease in the South African war, 1900-1902.