consider that no useful purpose would be served by receiving a deputation from the petitioners in reference to their claims. We can hardly imagine that the petitioners will be stopped in their career by such a resolution. The course adopted by the Council was, however, the only one which was open to them. It was not to be expected that they would stultify themselves by admitting that for forty years they had been acting wrongly under an erroneous interpretation of the Act. The interpretation of an Act of Parliament is clearly a matter for a court of law, and the sooner this question is decided by an amicable action the better.

ANTI-STREPTOCOCCIC SERUM.

The present position of our knowledge in regard to the therapeutic action of anti-streptococcic serum is well summed up by Dr. Louis Cobbett. As a result of laboratory research it has been shown (1) that anti-streptococcic serum possesses some power of protecting rabbits against the streptococcus used to immunise the animals which yielded the serum, but that there is reason to believe that this power may be easily lost. (2) That the serum has been shown to be incapable of protecting against every streptococcus which is pathogenic to man. (3) That much remains to be done before the serum can be recommended to be used in cases of human disease. We do not, as a rule, know, in any given case, whether the disease is due to the streptococcus or to some other organism, and even if we could make sure of this it would still be necessary to decide what kind of streptococcus it was due to, before the right serum could be applied. Until it has been shown beyond the

possibility of doubt that the serum will protect animals from, and cure them of artificial streptococcal infections, it is not yet ready for the physician. It is, moreover, very important that we should discriminate between the position occupied by anti-diphtheritic serum, a remedy of surpassing value, and of that held by a host of other anti-serums for syphilis, tubercle, cancer, &c., whose value is as yet very uncertain.

AN ERRONEOUS DIAGNOSIS.

A case reported in the *British Medical Journal Epitome* shows how easy it is, unless a full examination be made, to fall into error in the diagnosis of even the simplest conditions. In this case a young woman, aged 23, a primipara, was considered to be three months pregnant, having previously to this, her first, pregnancy been quite regular. For a few days she had suffered from pain on defecation, and for three days there had been complete obstruction, neither flatus nor fæces passing, in spite of purgatives and enemata. The pulse was good and the abdomen moderately distended with flatus, and not extremely tender. The cervix lay forwards and to the left, while in the posterior fornix a swelling of the size of the uterus at the third month could be detected. The case was looked upon as one of retroversion of the pregnant uterus, and under chloroform the uterus was apparently replaced with ease. The after-history, however, showed that this had been a case of ectopic pregnancy. What probably happened at the time of the replacement was that the sac was ruptured; and, although the patient got well, it is clear that she ran a considerable risk. The symptoms, both general and vaginal, were such as to lead to error, but no doubt a complete bimanual examination would have cleared up the condition of affairs.

PROGRESS IN MEDICINE.

RHEUMATISM AND GOUT.

The constant recurrence of a reported discovery of the microbe peculiar to rheumatism has been a well-marked feature of medical literature of late years. Pierre Achalme¹ describes in the "*Annales de l'Institut Pasteur*" an anaerobic microbe which he has found in nine cases of acute rheumatism. The bacillus is a large rod, like that of anthrax, forming lengthy filaments, is slightly motile when young, and stains with the ordinary anilin dyes, and is not discoloured by Gram's method. If grown in milk coagulation and a great evolution of gas take place. Inoculated into animals, it produces dilatation of the arterioles, and thrombosis and negative chemiotaxis. Its development in cultures is hindered by the addition of sodium salicylates, and heart lesions resembling those of human beings can be produced by it in rabbits. On the question of the pathology of rheumatic endocarditis in men, Singer² finds that it generally follows, and does not precede, the joint lesions, and it results from various organisms in the blood, most often from the pyogenic cocci, which the writer is inclined to look on as the actual cause of rheumatism. Either endocarditis or rheumatism may follow an attack of tonsillitis. A case illustrating the favouring influence of various bacterial poisons on rheumatism is given by W. C. Dickinson.³ The patient first suffered from supposed influenza; afterwards acute rheumatism with joint affections came on, and was relieved by salol. During convalescence the patient caught diphtheria, for which anti-toxin was given with marked benefit.

Scarcely had the temperature fallen when a relapse of rheumatism with peri- and endo-carditis took place. Pneumonia, pleurisy, and effusion followed, but the patient gradually recovered from all these troubles, and made an excellent convalescence. The diphtheria was verified by cultures, and the question arises whether the diphtheria or the anti-toxin can be held to exercise a definitely favouring influence on the rheumatic virus. An interesting discussion took place at the Clinical Society upon sudden death in acute rheumatism, when Herringham⁴ gave the history of an occurrence of the kind. The joint pains had quickly yielded to salicylates, but the patient complained of epigastric and precordial pain, and became pale and cyanosed. Sudden death followed, when besides œdema of the lungs, fatty degeneration of the walls of both ventricles and proliferation of cells in the interstitial connective tissues were discovered. Thus an acute myocarditis would seem to be one of the causes of sudden death in this disease. MacLagan added that delirium, when there was no hyperpyrexia or pneumonia present, was usually a symptom of this myocarditis, of which the existence of precordial pain and cyanosis were also important indications. Duckworth laid stress on the presence of two additional signs—loss of tone of the heart sounds, especially of the first one, and fall of the pulse tension. He agreed that sudden death was not improbable at times in these cases.

Besides Achalme we may here refer to another author, Riva,⁵ who has made researches into the cause