PATHOLOGY AND BACTERIOLOGY.

IN CHARGE OF J. CAVEN AND H. B. ANDERSON.

Endocarditis in Tuberculosis: in particular that form caused by Koch's bacillus.

G. Etienne (*Arch. de Méd. Experiment. et d'Anat. Patholog.*, January, 1898) first calls attention to the facts that septic infection during the course of tuberculosis, especially pulmonary tuberculosis with cavity formation, is not rare, and that the explanation lies in the frequency with which secondary organisms—streptococci, staphylococci, pneumococci, Friedländer's bacilli, bacillus pyocyaneus, colon bacilli, etc., etc.—find their way into such cavities. Some believe, indeed, that these secondary infecting forms are largely responsible for cavities. Amongst the lesions induced by these organisms is endocarditis. Teissier has collected records of forty-seven cases; some of these, however, are doubtful, their endocardial lesions, probably, being properly attributed to valvular arterio-sclerosis. Teissier's own cases, beyond dispute, were nine in number. True *tubercular* endocarditis is very rare. Teissier found it in none of his cases. In twenty-eight recorded cases of tubercular myocarditis there is no mention of endocardial lesions. In 845 cases of general tuberculosis brought to autopsy, Willig found no endocarditis. Of possible cases many have not been proven. Londe and Petit have proven a case each by both stain and guinea-pig inoculation; these two only, of eleven recorded cases, are proven by inoculation experiments. By a singular coincidence, Etienne came upon five successive cases of endocarditis in tuberculous patients from Spillmann's clinic. In two only of these were the investigations complete, and in both Koch's bacillus was shown to be the cause of the endocardial changes. In a third the bacillus of Koch was demonstrated by stain, not by inoculation of animals The two remaining cases were not bacteriologically examined. It is proven, then, that endocarditis may complicate tuberculosis, and that it may show purely tubercular lesions or those of ordinary non-tubercular endocarditis. Caseation of vegetation has been seen. It may be impossible to demonstrate such tuberculosis clinically. It comes late when cachexia is advanced, and masks the special results of endocarditis. The valves are soft and pliable, and close perfectly enough to prevent signs of leakage.

Bacteria and Calculi: Salivary and Biliary.

Hartmann (*Le Bulletin Med.*, February 27th, 1898) found streptococci in the centre of a calculus taken from Wharton's duct. Mignot, in an examination of seventy cases of biliary calculi,