

ing, and the premises were carefully examined, with the result that a broken tile was found in the drain under the milk pantry. The roots of a tree had grown into it. The odor of peppermint poured into the closet was readily perceived in the milk pantry. The poisoning of the milk by gases escaping from this drain furnishes ample explanation for this general outbreak of sickness.

Mrs. W. spent the afternoon of August 8th at her mother's residence. She drank some fresh buttermilk, of which she was fond; on this occasion it made her sick, and she vomited. This buttermilk, in common with the other milk, must have been poisoned by the gases escaping into the pantry, and the poison gained access to her system probably through a small ulcer or abrasion in the digestive tract, causing general pyæmia, with the suppurative pyelonephritis that resulted.

That there were different diseases in different persons is probably due to the presence of more than one kind of poisonous germs. Typhoid fever is doubtless always due to a specific germ, a bacillus probably; and pneumonia is usually caused by one or more kinds of micrococci, though it may probably be caused in some cases by typhoid poison. These two cases were typical ones, and were probably due to micrococci and not to typhoid poison. The same germ that produces pneumonia in one case, may, probably, in another produce pyæmia, if the conditions are favorable. It is at least certain that micrococci are the active agents in the causation of malignant or ulcerative endocarditis, which is secondary to pneumonia more frequently than to any other disease,* and malignant endocarditis is often but a symptom of pyæmia and the main central factor in its production. In Mrs. W.'s case, the valves of the heart were able to resist the influence of the micrococci, but the kidneys, altered in some way perhaps by pregnancy, fell easy victims to their attack. Of course, the possibility of infection from some old caseous focus, however minute it might be, in a bone or elsewhere, is to be borne in mind; but the absence of symp-

toms in any part of her history, or of *post-mortem* evidence of a caseous mass, and the simultaneous outbreak of kindred diseases in her family from poisoning, to which she also was exposed, renders the causation assigned extremely probable, if not certain.

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THE FATAL ILLNESS OF FREDERICK THE NOBLE.

BY SIR MORELL MACKENZIE, M.D.

ANNOTATIONS BY

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The above is the title of the reply of Sir M. Mackenzie to his assailants. The book is divided into two sections, the historical and the controversial. The political aspects of the case and the inner history necessarily, and at the instance of august personages, are left at present unpublished. The book is well gotten up, and contains twenty-two illustrations, showing the larynx and the growth at different periods, the various tracheal tubes, also the false passage and diffuse abscess cavity by Von Bergmann.

The historical portion deals with Mackenzie's visits to Berlin and Potsdam, the first consultation at which the first hostility was shown him. After making an examination, the physicians retired for consultation. Mackenzie then said, "There is nothing characteristic in the appearance of the growth, and it is quite impossible to give a definite opinion as to its texture without a more searching examination. The first thing to be done is to pick off a piece of the growth through the natural passage, and have it examined microscopically by an expert." Prof. Gerhardt said it would be difficult, Prof. Tobold expressed a similar opinion. I then turned to Gerhardt, and said, "Will you try?" He replied, "I cannot operate with the forceps." I next asked Prof. Tobold if he would make the attempt, but he also declined, saying, "I no longer operate." These replies increased the surprise which I already felt at a case of such a nature having been entrusted to the hands of

* Osler's Gulstonian Lectures. *British Med. Journal*, 1885, Vol. I., p. 578.