

issue. Why in one case the symptoms are more severe than in another, may be due to the state of softening or disintegration of the fibrin. In one case the deposits are hard; in another they may have softened into a creamy fluid. I had until lately held the opinion that the material into which fibrinous matter softened was not true pus, but only pus-like; for, if examined by the microscope, no cells are seen; and that, if true pus were found either at the source of infection in the heart or in the viscera, endocardial ulceration must have taken place, and the tissues beneath must have been involved. In the present case, however, there was no proof of this deep-seated implication of the tissues; but yet the spleen and brain contained actual and well formed abscesses. I have never before seen so true an example of pyæmia from such a cause.

I wish you principally to remember the fact that the blood may be infected from disintegrating fibrin in the heart; and that all the symptoms of pyæmia may result, as violent rigours, followed by sweating, great prostration, sallow skin, pains and swelling of the joints, etc. I do not know that suppuration is necessary to the production of rigours, although it generally implies the introduction of a deleterious substance into the blood. Some of the most striking instances of this were those related in the London Hospital Reports, in which transfusion of fluid into the veins was performed. I have very little doubt that many of the symptoms which we witness in heart-disease are really due to the state of the blood, although overlooked from the greater attention given to the condition of the mechanism of the heart. Thus, in this very case, the patient is said to have had rheumatic pains and swelling of the joints, but these were probably pyæmic; and, carrying my memory back to other cases where death occurred after rheumatic endocarditis, I believe now that death was due to blood-poisoning, although at the time we thought the derangement of the affected valve sufficient cause for the event. In other diseases, too, it may give us a clue to the occurrence of certain symptoms; as, for instance, in scarlatina. Here there is the well-known rheumatic affection constantly occurring as a sequel to the disease, and at the same time endocarditis. Also, on post mortem examination, as I have elsewhere shewn, these fibrinous masses already mentioned may be found.

The purport of these remarks is that, in endocarditis or valvular disease of the heart, attended by the presence of vegetations of fibrinous coagula, a blood-poisoning may occur, giving rise to all the symptoms of pyæmia; and also that these may exist to a lesser degree in the form merely of pyrexia, prostration, pain in the joints. The facts are pathologically known, but are not sufficiently recognized from a clinical point of view, owing to the attention being too exclusively confined to the mere deranged mechanism of the heart.