has always succeeded in freeing the nasal mucous membrane from its congestion. The rubbing, however, must be *thorough* and repeated as often as the least symptom of congestion returns to the nose. Since using this means I have been able to take long sandy walks, sit and even sleep with open windows or pass the evening in my garden without distress. Several patients have had the same relief from this treatment, always in proportion to the thoroughness of the rubbing, and I hope by this means some other physician may be able to give his patients the same great relief."—*Boston Medical and Surgical Journal.*

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**Creasote in Consumption.**—The conclusions are as follows.

1. Creasote, when pure, is harmless.

2. It has no direct action upon the tubercle bacillus.

3. Tuberculosis pulmonum is chiefly a secondary infection by a streptococcus.

4. Creasote has no direct action upon this streptococcus, hence none whatever upon hectic fever.

5. It destroys lower organisms, especially those which produce fermentation, without affecting the process of digestion.

6. Hence the virtue of creasote, which is undeniable in most cases, is chiefly, but not wholly, upon nutrition.—James T. Whitaker, M.D., in *Therapeutic Gazette.*

**A Case of Scarlet Fever, with Infective Endocarditis (Fatal on the Thirteenth Day).**—E. P., aged 7, was admitted on June 12th, 1893. Child had previously enjoyed good health: no history of rheumatism. She had vomiting and sore throat on June 8th. On admission, scarlatinal rash was well developed; throat swollen, and showed patches of exudation; temperature, 102°. Heart normal, lungs normal; urine contained no albumen. During the next four days the temperature varied between 102° and 103°, and the throat was much inflamed.

June 17 (five days after admission) a systolic bruit became audible at the apex of the heart. Rash had completely disappeared.

June 18. The systolic bruit was very loud. Some increase of the cardiac dulness to the left; no pericardial friction, no rheumatic pains in joints; urine, faint trace of albumen, no rigours temperature 103°.

June. 19. Child had become very pale, and was delirious at times. Pulse 200, respiration 48. Temperature 101°.

June 20. The systolic bruit was very loud, and was conducted to the axilla. Apex of heart was in the sixth space, and half an inch outside the nipple line. Pulse 200. Vomited several times. Lungs resonant, some moist rales. Spleen reached the costal margin. Urine; faint cloud of albumen. Temperature 102°.

June 21. Child much weaker; very pale; pulse very small, and frequent. Child died at 10 p.m.

*Post Mortem.*—Pericardium contained 1 oz of clear fluid, no evidence of pericarditis. Heart left ventricle much dilated, cardiac muscle very soft and pale, mitral orifice admitted three fingers. The mitral valve showed very numerous vegetations on its auricular surfaces. There was no ulceration of the edges of the valves, and no destruction of tissue. The aortic valves were healthy. Right side of heart dilated, no endocarditis. Lungs showed some hypostatic congestion; no pneumonia. Spleen enlarged and very soft. Kidneys pale, otherwise apparently healthy, no microscopical examination was made.

Two days before death cultivations were obtained of a drop of blood, obtained by pricking the finger, the skin and instruments used having previously been sterilized. On the third day small white dots were seen on the gelatine, and soon an abundant growth was observed. Microscopically, the organism was the streptococcus pyogenes.

After death cultivations were made from the vegetations on the mitral valve; these showed abundant growth of staphylococcus pyogenes and also strepto-cocci, as obtained from the blood.

The infective endocarditis set up by these organisms may be of the ulcerating, or of the verrucose type as found in this case. These micro-cocci are frequently found in the mucus of the throat and in the saliva of healthy individuals, and are always present in the inflamed throat of scarlet fever. It is probable that the organisms entered the general circulation from the inflamed throat, and that they were actively concerned in the production of the endocarditis. It is possible that in this case a