

Meeting of Medical Societies.

PATHOLOGICAL SOCIETY OF TORONTO.

February 27th, 1892.

The society met in the Biological Department, the vice-president, Dr. A. McPhedran, in the chair.

ULCERATIVE ENDOCARDITIS.

Dr. G. A. Peters presented the heart and specimens of the lung, liver, kidney, and spleen, and read the following history:

A. H., aged eight, had an abrasion of the outer side of the heel of some weeks duration. This was followed by swelling and suppuration of the lymphatics, extending from about the middle of the calf of the leg on the inner side to within two inches of the groin in an almost continuous tract. The suppurating foci were opened washed out antiseptically, and drained freely.

The temperature before operation was $100\frac{2}{3}^{\circ}$, pulse 120. Within thirty-six hours the temperature had dropped to normal, and the pulse to 104.

The wounds were washed out antiseptically once a day, and at no time was the discharge profuse, nor did any accumulation of pus ever take place. Nevertheless, the temperature continued to rise by gradations of about one degree daily until on the eighth day after admission it had reached $103\frac{2}{3}^{\circ}$, the pulse ranging from 100 to 140. On the fourteenth day the temperature was 105° , pulse 156. The temperature ranged from 101° to 105° during the next two days, and death took place on the sixteenth day after admission.

He suffered once or twice from retention of urine, and at all times was irritable and intolerant of being touched. There seemed to be hyperæsthesia over all the body. There was slight cough, but no expectoration could be obtained. The urine was loaded with urates, but contained no albumen until two days before death. Delirium was present during the night for about a week preceding death, but there was never complete unconsciousness nor coma. He had no distinct chills during course of disease.

Three days before death a friction sound could be heard in the pleuro-pericardial region, and the next day a soft blowing murmur at the base of the heart.

There was slight dullness on percussion over the bases of the lungs shortly before death, and moist bronchial sounds could be heard. The area of splenic dullness was increased.

Autopsy.—External wounds were clean, but showed no granulating surfaces. There were accumulations of pus in connection with them. The inguinal glands were only slightly enlarged.

Abdomen.—Spleen somewhat enlarged and softened. Liver, kidneys, and intestines showed no change to gross examination. The mesenteric glands were enlarged, but not softened or inflamed. The retro-peritoneal glands were slightly enlarged.

Chest.—Lungs did not retract fully on opening the chest. There was recent pleurisy on both sides, with considerable inflammatory lymph and slight adhesions, but no accumulations of pus. In both lungs were found numerous infarcts, especially around the margins. Some of these were dark-red, almost black, in color, and firm. In others there were some broken down patches, and in a few fully formed abscesses. The largest was not more than three-fourths of an inch in diameter. The lung, as a whole, floated in water. There was no pericarditis, and only a small amount of fluid in the pericardium. On the right side of the heart there was a distinctly ulcerated patch about three-sixteenths of an inch in diameter upon the auricular surface of the tricuspid valve. All around the margins where the valves came into contact, there were numerous minute jelly-like excrescences. Similar excrescences were found in smaller numbers on the mitral valve, but there were no ulcers on the left side of the heart.

Dr. W. R. Shaw presented tube and plate cultures, smears, and stabs, made from the heart and intestine, showing colonies and pure cultures of the streptococcus pyogenes. This was the only pathogenic microbe present. He presented also, under the microscope, a stained cover-glass preparation of the pure culture.

Dr. John Caven had made microscopic preparations of the various organs, but owing to illness was unable to present them.

Dr. Acheson asked if these pulmonary lesions were what are commonly called hemorrhagic infarcts of the lung, or were they not rather an