

not seem possible to arrive at a satisfactory diagnosis, as the physical signs were so slight and there was nothing but the fever.

He looked very well, not specially changed in appearance since I had last seen him. There was no alteration in the skin. I made a careful examination, which was negative everywhere except the heart. There was slight enlargement of the left ventricle and there was an apical systolic murmur propagated beyond the mid axilla, and there was a loud pulmonic second sound. His physicians could not determine that there had been any special change in the condition of the heart or in the murmur. He complained of very peculiar spots on his skin, chiefly about the arms and fingers, sometimes on the toes and feet. They came in crops, lasting from one to five days. Each spot was raised, a little red, and felt like a localized infiltration of the skin. They were chiefly on the fingers and on the palms of the hands, sometimes along the forearm. When I saw him, two or three were just disappearing. I did not think that there was any question as to the nature of the case. The mitral lesion, the irregular, persistent fever, and the spots suggested strongly the chronic septic endocarditis. Throughout the summer the condition remained practically the same. The fever persisted, the oscillations of temperature a little greater; he continued to have occasional eruptions of the spots on his fingers, the crops lasting for two or three days. There were no other signs, no audible change in the heart lesion. On September 15, 1907, he suddenly lost power of speech and got right hemiplegia, and he died in fourteen hours. About fifteen blood cultures were taken, all negative. The duration of this case was exactly seven months.

*Case X.* January 13, 1908. I saw, with Dr. Ward and Dr. Powel of Southampton, Alice A., aged 20. Five years previously she had rheumatic fever, a severe attack with cardiac complications and very slow recovery. Twelve years previously she had a very deep-seated gland removed from the right side of the neck. It was probably tuberculous. The hypoglossal nerve was involved and it had left her with atrophy of one side of the tongue. The previous winter she 'came out' and had a very busy season. She danced and skated and seemed very well. In February she had tonsillitis, not a very severe attack, but she had not been quite well since. She was pale and was often weak and nervous. This was attributed by her mother and the doctor to a love affair which had worried her. Some weeks later she began to have a slight fever and the doctor at first suspected that she might have tuberculosis, but the lungs were negative. Then through the summer she was not well, and on and off had febrile attacks, which increased in September. In October it was thought best that she and her mother should go abroad and spend the winter. On the steamer she got very much worse and it was found she had a temperature of 103°. She landed about the end of October and had been in a nursing home ever since. The symptoms had been—(1) Fever, which had ranged from 100° to 102°, only within the past week had it crossed the 103° limit; (2) she had had at times drenching sweats so that the bed-clothes had had to be changed; (3) she had lately had great irritability of the stomach, constant nausea; (4) on several occasions on the tips of the fingers there had appeared red spots, exceedingly tender swellings, looking very angry and almost, as Dr. Ward said, as though they would suppurate and then they gradually subsided.

There was no pain and no distress about the heart; the urine was clear; the sputum had been examined, as, of course, tuberculosis was at first suspected. She had wasted a good deal. I found a girl looking a little pale, but not so thin in the face as in the body. There was marked general anemia of the skin, much more so than the face would indicate. The pulse was small, about 110. There were no petechiae. The heart was moderately enlarged, the impulse forcible, wavy, and extended from the second interspace to the fifth, an inch