

THE TREATMENT OF HAEMOPHILIA AND ALLIED STATES.

DURING the last winter I had under my care at Nice a case of haemophilia, one of two brothers, both of whom suffered from a very severe congenital form of the disease. My patient was of the same age as the subject treated by Dr. Gubb.¹ He presented the same symptoms; indeed, he seems to have corresponded very closely in every respect with that case. Almost every therapeutic method had been applied in England with more or less invariable success. I suggested a semi-vegetarian diet, with at times some ovarian extract. The result was as striking as that obtained by Dr. Gubb with raw meat juice, and the improvement was maintained when the patient left at the end of April.

As haemophilia has generally recognized affinities with rheumatism, and rheumatism is benefited by climate and anti-arthritis diet, I attributed the favourable change in great measure to these factors. Are not the climate and the curative methods of Aix-les-Bains equally favourable to rheumatics?

Lausanne.

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Reports

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

DERBYSHIRE ROYAL INFIRMARY.

A CASE OF PNEUMOCOCCIC TOXAEMIA.

(Recorded by R. H. LUCE, F.R.C.S.Eng., Surgeon, and HUGH BARBER, M.D.Lond., Pathologist.)

W. R., male, aged 42 years, was admitted on June 10th, 1908.

History.

His occupation was that of a wagon builder. He had suffered from no illnesses previously, with the exception of an injury to the right knee-joint eighteen years ago, since which that joint had been rather weak.

The present illness began nine days before admission, somewhat suddenly, with pain in the chest, more especially on the right side, cough, and shortness of breath. At the onset there were one or two shivering attacks. From that time he was in bed till admitted on June 10th. He was under the care of Dr. Turpin, of Alvaston, who states that pneumonia developed first on the right side, and later on the left. The sputum was of a typical rusty character. The pyrexia continued from the day he first saw the patient until he was admitted. The patient made little complaint of his knee, but apparently it became swollen a day or two before admission.

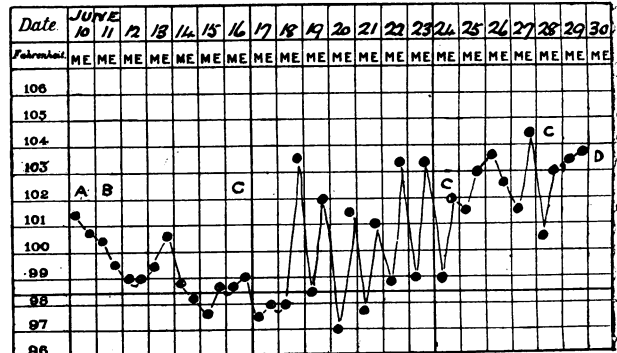
Condition on Admission.

The patient was rather thin; was suffering from a considerable degree of toxæmia, with anxious expression and dyspnoea. Temperature 101.6°, pulse 116, respirations 36. There were signs of consolidation at the base of both lungs. The heart sounds were faint, but no bruits were heard, nor any signs of abnormality noted. The abdomen was rather tender over the upper part. The right knee-joint was much swollen and very tender. The scar of the old injury could be seen just above the patella.

Course.

On June 11th the knee was incised, thick greenish pus was evacuated, and a drainage tube inserted. The pus contained large numbers of pneumococci. On June 14th the temperature was normal, the pulse and respirations slower. For four days the temperature remained normal, the pulse-rate varied from 100 to 76, and the respirations were about 28 to the minute. The patient, however, during this time was very weak, and did not appear to have recovered from the toxæmia; there was great pain

in the knee, and a large amount of discharge. On June 17th some pneumococcal vaccine (20,000,000) from a stock supply (not specially prepared from cultures of the pneumococci detected in the pus) was injected; next evening the temperature rose to 103°; from this date until his death on June 30th the fever continued, at first intermittent and later remittent, reaching to about 103° each evening; the pulse-rate and respirations were proportionally increased; the respirations, perhaps, increased rather more than proportionally. On June 24th a second injection of the vaccine was administered; twice the quantity of the previous dose was given. In the evening



A, On admission; B, operation; C, vaccine; D, death.

of the 24th the patient complained of pain in the right axilla, and the right radial pulse was obliterated. No bruits could be heard over the heart. A third injection was given on June 28th; the patient died on June 30th. During this last attack of fever no signs of abnormality were detected in the heart. The lungs, the consolidation of which had never completely resolved, showed signs of increasing consolidation. On one occasion a trace of albumen was found in the urine; on other occasions it was normal. No rigors occurred.

Necropsy.

The lungs showed grey hepatization of the right lower lobe; at the left base congestion and some smaller areas of consolidation. There was pleurisy on both sides. The heart was normal in size, recent pericarditis was present, but no fluid was formed. All the valves were normal with the exception of the aortic; upon the ventricular surface of the edge of these valves were two large vegetations, about $\frac{1}{4}$ in. in diameter; there was no evidence of chronic disease of these valves, nor any atheroma of the aorta. In the axillary artery on the right side was an *ante-mortem* clot. The spleen was slightly enlarged and contained several recent infarcts, in the centre of some of which there was greenish pus. The kidneys and other organs were normal. A cultivation was taken from the blood in the left ventricle, but no organisms were grown from it. The vegetations from the aortic valves were fixed, hardened, and embedded in paraffin, from which sections were cut, which revealed large numbers of diplococci retaining Gram's stain.

REMARKS.

The disease appears to have begun as a case of lobar pneumonia in a man previously healthy, and the pneumococcal arthritis to have developed before the pyrexia of the pneumonia had subsided. It is not possible to say at what date the ulcerative endocarditis developed, as no bruits appeared; the first embolism recognized occurred six days before death. Originally lobar pneumonia complicated by arthritis, the case seems to have terminated in pneumococcal bacteraemia. That this final condition could only be treated by vaccine or serum would seem quite certain, but the vaccine used was not prepared from the pneumococci in question. Apart from this, however, the course of the case, subsequent to the injection of the vaccine, would suggest that it may have been administered during a negative phase, and that it is not a safe remedy unless used in accordance with the results of the estimation of the opsonic index.

¹ BRITISH MEDICAL JOURNAL, August 22nd.