

She has a dark sallow complexion, and dark hair. The neck on both sides presents a number of scars. In some cases the cicatricial tissue is covered by scales. On the back of the left hand there is a large red surface having in its centre an elevated patch showing the position of a former abscess. On one of the fingers at the first joint is a swelling which is discharging pus.

I ordered at first cod liver oil and iron tonics.

During the following month, February, an abscess formed in the sole of the foot, which for five or six weeks gave rise to a great deal of pain and rendered walking impossible. It was lanced and discharged a large quantity of pus. It began in the deeper structures of the foot, and was very slow in coming to the surface.

At the first joint of the ring finger mentioned before, there now exists an ulcer presenting excessively irritable granulations.

In the early part of March, the cod liver oil and tonics were left off and calcium sulphide was given instead. The dose at the beginning was one-tenth grain which was increased to  $\frac{1}{4}$  gr. three times a day.

No new abscesses formed after the administration of the drug. Some swellings which appeared to be the starting points of new abscesses disappeared rapidly. In six or eight weeks she became quite well and remained so during the summer.

The various abscesses ceased discharging, and there remained only cicatrices to mark their former situations.

The calcium sulphide was administered in gelatine capsules.

In November, 1882, the disease again returned. It began with some small swellings on the neck which gradually increased in size, coalesced and discharged small quantities of pus.

She then noticed a swelling in the connective tissue around the meta-carpo-phalangeal joint of the thumb of the right

hand, and at the same time tenderness and swelling around the first phalanx of the index finger of left hand. These two swellings seemed to keep pace with one another in rapidity of growth. They were exceedingly painful and in a few weeks softening and suppuration took place. They were lanced when a large quantity of thick yellow pus was discharged. During this time her health ran down so that she was unable to leave the bed. There was slight febrile movement, quickened pulse and elevated temperature.

March 8th, 1883.—The abscesses above mentioned are still discharging a thin light coloured fluid. During the past week small superficial abscesses have formed at the seat of the old cicatrices in the neck. They have very thin walls and in many instances rupture spontaneously leaving ulcerating surfaces.

It has been frequently noticed that when a new crop of abscesses form, the scars where old ones have existed show a tendency to ulceration. The patient's general health has somewhat improved.

March 9th.—A microscopical examination of the blood showed the red corpuscles diminished in number, and the white somewhat increased. Of both kinds 3,500,000 were found in a cubic cent. and there was one white to sixty red. No change in the appearance of the red corpuscles. Examined also the pus from several different abscesses, found the following: Pus corpuscles, granular matter. Some large cells (round) twice or three times the size of ordinary pus corpuscles; the latter were few in number. Rod like bodies in all probability bacteria. Mass made up of an aggregation of pus corpuscles adherent together and undergoing granular degeneration.

April 9th.—Patient has been suffering for the past two weeks from intermittent diarrhoea accompanied by severe pain. Blood and matter has been found in the passages. There is a good deal of tender-