

two inflamed lumps which rapidly enlarged, and he felt rather out of sorts. One of these swellings reached the size of a hen's egg and broke down. It discharged bloody matter and was not entirely healed when he entered the hospital. In July 1905, while the patient was on board ship, an inflammatory swelling gradually developed on the right side of the neck and became so painful that he himself incised it, with much relief from the resulting discharge of pus and blood. This swelling, though not very painful, kept extending and for this he entered the hospital.

On admission he showed a dusky red, immobile, inflammatory swelling, the size of a goose egg, below the jaw, discharging creamy pus through a small opening at its centre. The right axilla showed a few hard nodules adherent to the skin, one of them discharging a little creamy pus, and an area of mottled redness extending to the nipple. The glands generally were palpable and there was a slight abrasion of the nasal septum, unchanged six weeks later. Pulse 96, respirations 20, temperature $99\frac{2}{3}^{\circ}$. On October 31st only staphylococci were found in pus from the neck. On November 6th a mass of glands, hæmorrhagic internally, was dissected with difficulty from the vessels and nerves of the axilla. The evening temperature began to run higher, reaching 104° on November 17. From November 16th to 18th the patient felt wretched, was chilly, had some cough, and vomited occasionally. On November 21st the mass in the neck was dissected out and proved to be inflamed and breaking down glands.

Guineapigs inoculated with the material removed at operation failed to develop orchitis. Dressed with carbolic acid 1-100, the wound had entirely healed by December 2nd, after which date there was no more vomiting. The temperature ranged lower after this operation and was normal after December 8th. There was pain in the left side, cough and muco-purulent expectoration, bloody at times. Examination of the chest showed only some wheezing. The mucosæ of the larynx and pharynx were pale.

The patient's general condition remaining good, he was discharged on January 2nd, 1906. Unfortunately the further history of the case is unknown.

Notanda:—History of contact with glanders; obstinacy of glandular foci; abrasion of nasal septum, unaltered in six weeks; suggestive character of the slight pulmonary manifestations; benefit following radical surgical measures; probable combined infection with two of the infective granulomata, though experimental proof of glanders was lacking.

STEWART. Manitoba. The first authentic account received of this case (by Dr. McGilvray) is also owed to Dr. Rutherford. Dr. J. D. Stewart