

and a careful microscopic examination, with the limitations of the lesions, the absence of a premycotic stage, and the slow progress of the disease corrected this diagnosis. It had not the character of a specific gumma, and besides, there were no other evidences of syphilis, and the husband and child were perfectly healthy. Sarcoma was thought of, but the clinical history and the microscopical examination soon dismissed this suggestion from my mind. The microscopical examination would lead me to believe that the growths were due to some infection of a granulomatous character. That it was infective was inferred from the occurrence of the lesion of the leg, and the fact that a germicide ointment like the one applied had the effect of completely removing the disease, I now lean to the opinion that the case is one of infective granuloma. The great destruction of tissue is interesting and unlike what is seen in mycosis.

Since the above was written the patient has again come under my care (May 9th). The scars on the face and leg are smaller and whiter; she has lost much flesh since I saw her last January.

She now comes for disease of the knee-joint. The joint is swollen, red, and inflamed, and on the inner side are three fistulous openings, discharging a red, grumous material. The patella is freely moveable, and there is also considerable mobility of the joint, without much pain. The discharges were subjected to direct microscopical examination and cultures were taken, with negative results. No tubercle bacilli were found. The rapid course of the disease, with but little elevation of temperature and comparative painlessness, is rather against the case being one of a tuberculous nature, but the injection of tuberculin produced a decided reaction. She has another swelling a little below the left trochanter major, which is apparently subcutaneous and the size of a small hen's egg; this, also, discharges a similar reddish, grumous substance like that which is seen to come from the knee. Since entering the hospital her general condition has much improved. The question now arises, is there any connection between the original disease and the present condition? Is this case sarcomatous in its nature, one of so-called sarcoid tumor linking granulomata with sarcomata?

NOTE.—July 8, 1898. The patient went home a couple of weeks ago and I have not heard from her since, but before leaving her knee-joint improved so much that she was walking about without pain and the tumor over the trochanter had disappeared, the fistulous opening having closed, leaving a depressed scar. Some time before the fistulous opening closed some of the tissue was excised and guinea-pigs inoculated with it, without result. They thrive and grew fat after it, and on being killed showed no signs of any tuberculosis.