abdomen. Spots on the size of a pin's head and only partly disappear on pressure; they are of a bluish-red colour.

Sept. 7. At 7 p.m. the pulse was almost imperceptible and strychnine was given hypodermically. Modified bath given henceforth.

Sept. 8. Tongue dry and fissured. Somewhat stuporose.

Sept. 9. Delirious last night. Subsultus marked this morning. A few superficial pustules have developed about the knees and on anterior surfaces of the tibiæ. Vomiting has ceased.

Sept. 12. A bed-sore has developed over the sacrum and two small ones over the right trochanter.

Sept. 13. Very stuporose. Abdomen much distended.

Sept. 16. Marked delirium.

Sept. 21. Pulse fair. Mental state dull. Abdomen considerably distended. An ecchymotic patch, four inches by two, has made its appearance in the mammary line in the right lower thoracic zone; also a smaller one about two inches long in a corresponding position on the left side. A few scattered petechial spots were noticed on the back. A large abscess was opened just below the right patella.

Sept. 22. An abscess the size of a plum developed in the right inguinal region and was opened three days after. Petechial eruption on the thorax and abdomen very profuse.

Sept. 27. Distention of abdomen less. Patient's general condition is much better. Hæmorrhagic spots are fading. Tongue becoming clean. Temperature normal for the first time.

Sept. 29. Skin desquamating on the face.

Oct. 1. Abscess opened on inner side of right tibia.

Oct. 4. A second abscess has formed below the last. No sign of inflammation present.

Oct. 8. An abscess three inches long has developed in Scarpa's space on the right side, also an abscess two inches above the knee.

Oct. 10. Abscesses evacuated. From one which was deeply situated in the muscle I took a culture and obtained a pure growth of staphylococci. Temperature rose to 101°; fell next day.

Oct. 12. Abscess on outer side of right leg about five inches below the knee.

Oct. 24. Hæmorrhagic eruption has quite disappeared.

Nov. 8. Discharged cured.

CASE IV.—Robert C., æt. 32, entered the Royal Victoria Hospital on November 2, 1894. Personal and family history good. Entered the hospital on the eighth day of his illness.

On leaving work one evening he felt rather chilly and had a slight headache. The next evening the headache became very severe, and