

and ankle. Morphia every third hour, and the fever to be kept in subjection by cold sponging every two or three hours if necessary, which the patient expresses as very grateful to his feelings, relieving the chills to which he is subject, and generally giving a short but refreshing sleep. Bowels opened by a saline.

22nd.—Did not rest well, much pain at times in the joint, fever increased, tongue dry and brown in the centre; discharge from the joint is small in quantity and composed of a bloody serum mixed with thick flocculent matter; morphia increased, surface of the body to be sponged very often so as to keep it as near as possible at the normal temperature.

23rd.—Slept well, but talked much in his sleep, tongue dry and brown, pulse 100, softer than yesterday, occasionally great pain in the joint, bowels opened by a saline purge.

24th.—Slept well, less fever, tongue cleaner, surface of the body only bathed three or four times during the last twenty four hours; patient complains of the water on the leg being too cold. Ordered it to be used without ice and the ice bag to be shifted more frequently.

25th.—Slept only a few minutes, great pain in the joint all night, pulse frequent, fever rather high, leg and foot look œdematous and gets warm very quickly if the water is not applied constantly in a full stream. The edges of the wound are inverted and hard, and portions of swollen ligament and fascia projecting from between the stitches, hang in white shreds, like meat that has been long in running water. The discharge from the joint is a thick white gelatinous matter somewhat resembling pus, in which small flakes are seen. There has been no throbbing pain felt in the joint. Iced water again to be applied to the foot and leg; opium freely administered. Cold sponging frequently to the body.

26th.—Less fever, a dull aching pain in the joint at times, much pain complained of in the dorsum of the foot, especially at the roots of the toes, also a sharp pain in the centre of the sole of the foot; wound covered with oiled silk, and a dose of castor oil ordered, to be followed by a seidlitz powder in the afternoon.

10 P.M.—Great pain in the joint, sometimes throbbing, pulse 120, weak. Hypodermic injection of  $\frac{1}{2}$  gr morphia, which gave immediate relief.

27th.—Slept very well; feels better; pulse 100; less pain and heat in the leg and foot; discharge from the joint is thick and bloody, but no pus can be detected. Ordered water to be used without ice.

3 P.M.—Fever increased; pulse 120; patient shivers, though he says he does not feel cold; complains of shooting pains through the joint, from the inside to the outside of the ankle, generally followed by a dis-