

ecchymosis first appeared. The integument sloughed out in both places, from one to two inches in diameter. The swelling of limb went down rapidly, when the pus discharge became free, and the thrombosis disappeared. There was extensive destruction of the connective tissue between skin and superficial layer of muscles on outer side of thigh and leg. There was no pus formation at any greater depth.

The pus tracts were thoroughly washed out twice daily with a solution of peroxide of hydrogen. The general treatment was that indicated by symptoms: nourishment, stimulants, quinine, iron, and a little strychnia.

He improved rapidly, complaining at times, however, of stiffness in muscles of right arm, and of numbness on ulnar side of same hand.

On the forenoon of the twentieth day from time of injury, I was hastily summoned, and found him with a severe spasmodic seizure of clonic character. It more particularly affected the upper extremities, although the muscles of trunk and lower extremity were included. There was some rigidity of muscles of neck, but none of jaws or face. He was quite rational, could converse, but had no control whatever over his limbs. The whole frame with the exception of head was heavily convulsed. The exercise was so continuous, although the room was very cool, that the perspiration rolled from him as if he were engaged in hard manual labor. He had one seizure before my arrival, lasting forty minutes, then an interval of an hour, followed by the one in which I first saw him, which lasted thirty minutes. There was then an interval of thirty minutes when another attack began, which I watched closely. It began with tonic spasms, first in right then in left hand, gradually extending to arms, trunk and lower extremities, when the spasms became clonic, and lasted with great force for an hour and was attended this time with some opisthotonos. There was cyanosis of face and neck, dyspnoea, and a distressed appearance, with a feeling of impending evil. He could swallow, and drank with but little difficulty; could speak and answer questions clearly. He had seven similar attacks that day varying in severity, and they continued for a week, having from two to four daily. They ceased then for two days, recurring once only

after partaking very heartily of a meal of beef and potatoes, when the attack was a very severe one.

No further indiscretion in diet was permitted and these nervous manifestations ceased entirely. It required large and repeated doses of chloral hydrate and potassium bromide to relieve the first seizures.

Four days after the last spasm he had a severe rigor and the temperature went up to 105°. A small metastatic abscess was found and evacuated, near left popliteal space, when fever disappeared. From that time he made an uninterrupted recovery and was able to resume his occupation by May 1st.

This case had plenty of time to develop before there was any medical or surgical interference, and is a typical case of phlegmonous inflammation from absorption into a slight wound of a micro-organism. The tissues of this patient, as exhibited by the festering fingers, were in a proper condition to furnish a most favorable pabulum for the ravages of micro-cocci. These micro-organisms were undoubtedly introduced either from drawing-knife or the suppurating fingers.

There was direct infiltration of tissue interstices by the immediate growth and extension of the microbial colony, then the superficial lymphatics openly communicating with the foci of supuration carried the microbes into the vicinity of the large veins producing the thrombosis, and materially augmenting the stagnation. From the dusky hue, hardness of tissues, blebs and ecchymosis, I at first feared gangrenous phlegmon, and was greatly relieved when the pus discharge began.

The nervous phenomena were not orthodox in their manifestation. The patient, when a young man, had a mild attack of chorea, but this was not at all of that nature. It was not hysteria, for he was not of that temperament, nor were the attacks like that. The spasms proceeding from the periphery, no initial spasm of the masseters, the muscles of the jaw not at all implicated, and the clonic character of the spasms, ruled out the much-dreaded tetanus.

Having had in my practice one well-marked case of idiopathic tetany, this was sufficiently like it, although not in accord in all points with the text books—for me to place it in that class. The only point in which it materially differs is in the