

May 27th. Rigor at 8 a.m., which came on suddenly without warning, and was so violent as to alarm her parents and make them feel that she would die before medical aid could reach the house.

Recurring chills coming on without regularity, followed by high fever, sweating and prostration, together with the development of an arthritis of the wrist joint, all pointed to a pyæmic condition. From the improvement in the patient's condition, following the rigors, it would seem that the sepsis was either mild, or only a very small quantity was entering the system. Careful examination failing to reveal any infecting focus, and recollecting the earache from which the child had suffered for days before I was consulted, my attention was again directed to the carious teeth, and though no suppuration or special tenderness could be detected about the gums, it seemed not only possible but probable that they were the source of infection. My friend Dr. Hutchison saw the case, and shared in my opinion. Under an anæsthetic, the teeth were extracted, and pronounced by W. J. Giles, D.D.S., to be in a septic state; no actual pus was noticed, but the tooth pulp was dead, and septic matter could pass directly from the pulp through the small foramen, at the extremity of the fang into the general circulation. After the teeth were extracted no more rigors occurred, the inflammation of the wrist joint slowly subsided without pus formation, and recovery was uninterrupted.

To conclude, the points of interest to be noted in the above cases are in brief as follows:—

*Case I.*—How from a slight abrasion septic matter may be carried by the lymphatics to the deeper structures of a limb, resulting in abundant pus formation with comparatively slight constitutional and local symptoms.

*Case II.*—How from a slight abrasion septic matter may, in a given case, be carried quickly along the superficial lymphatics to distant parts, setting up a septic lymphangitis, and at the same time the septic process may spread in an opposite direction in the skin, as an erysipelas. Whether the specific inflammation of the skin and the septic lymphangitis present at the same time in this case were due to the same micro-organism or not, cannot be definitely answered.

Was there in this case a mixed infection; or would the same streptococcus multiplying in the lymphatic vessels produce a lym-