

vated. The presence of pyogenic organisms in the blood need not be so alarming as we once thought; we are so accustomed to think of these things as we see them in the laboratory. It causes death of the animals used there by overwhelming them, but during the past winter we have come across cases where the blood cultures gave pyogenic bacteria, and yet, after the evacuation of the local accumulation of pus and careful, clean treatment, the bacteria in the blood disappeared and the cases recovered.

Dr. J. H. Branham : I should like to relate, from a clinical standpoint only, a case which came under my charge this summer. Patient was a man of forty-one years, large and strong, and I saw him on the 13th of August, when he had been sick about one week. Up to that time he was supposed to have been suffering from malaria. When I first saw him the prominent symptom was a small quantity of bloody urine, with a large amount of albumen. The temperature was very irregular, of a typical typhoid character, and, later, other symptoms of typhoid fever developed so distinctly that I think there can be no doubt of this diagnosis. For the first few days the temperature ranged from  $103^{\circ}$  to  $105^{\circ}$ . The ordinary diuretics were given at first with cold sponges, and after a few days the kidneys began to secrete again. Up to the 25th the patient did well. At that time he showed indications of phlebitis in the right leg, which increased and gradually extended downward, until the limb was swollen from Scarpa's triangle to a point a little below the knee. The temperature, [which had gone down nearly to normal a few days before this, again began to rise. The ordinary treatment for phlebitis was followed, but on the 2nd of September, in spite of the cold sponges, his temperature was  $105^{\circ}$ , and his condition critical. Cold baths were given, but not as regular as we would wish, because of the patient's actions. The patient became completely comatose; his veins became somewhat softer, but his condition was so bad that I concluded that he could scarcely recover without operative intervention. I opened the vein, and found some pus, mixed with a large amount of clotted blood. Two openings were made, one in the upper part of the thigh and another below the knee, and the vein was washed out antiseptically. The phlebitis seemed to extend into the pelvis. After the operation the patient improved very rapidly, became conscious again, and his temperature went down to  $100^{\circ}$  or less. I thought he was going to get well, but about four days later he became comatose again, and, although there was no recurrence of the symptoms, there was some swelling below the knee, and on the night of the 7th he died. There had been no physical signs of heart trouble. I suppose the sepsis had extended to some of the internal organs, and death was due to that. This patient had suffered from phle-