

rest, and there is perhaps a slight rise of temperature at night. Four or five days after the beginning of the process a drop of creamy pus makes its appearance at the side of the little crust that caps the tumor, and the crust may be lifted off, only to reform during the next day, but within 24 to 48 hours after the first appearance of the drop of pus there is often quite suddenly—after some muscular strain, such as coughing, sneezing, etc.—a considerable discharge of pus, together with some necrotic shreds, one of which is usually of considerable size and is known as the “core” of the boil. The virulent organisms that have produced the circumscribed inflammation of the pilo-sebaceous follicle and the surrounding tissue had killed the central portion of the affected area *en masse*, and it is this central necrotic mass that constitutes the “core” of the boil. The core itself is loosened at its peripheral surfaces by autolytic processes and it is the fluid that results from this autolytic liquefaction at the sides of the central mass that first makes its appearance as the drop of pus that exudes from under the little crust. With the discharge of the core the painful symptoms subside at once; the swelling decreases, the vivid redness grows paler and the infiltration palpably less. Pale granulations soon fill up the gap left by the loss of tissue, the epidermis pushes forward over the opening at the surface, and in 10 days from the beginning of the process as a minute red papule, the boil is gone, leaving only a small area that remains reddened for a few weeks and a scar that will persist through life.

Boils differ in size from a moderate papule to a large tumor with an infiltration a couple of inches in diameter, but even the largest furuncle is not a carbuncle in which the inflammatory suppurative process extending down to the subcutis spreads laterally through the areolar tissue there, constituting a deep cellulitis with ascending channels of suppuration that reach the surface in a series of furuncular points surrounding the primary site of the infection. A carbuncle is always a grave infection and requires prompt surgical treatment, while boils are always the effect of a direct local infection with the *staphylococcus aureus*. It must be remembered that all individuals are not equally susceptible to this infection. Some people enjoy a high degree of natural immunity while the tissues of others offer a peculiarly favorable soil for the germs. Systemic conditions favoring the development of boils are the state of physical depression following any acute illness, gout, nephritis and especially glycosuria. In these systemic disturbances a furuncle should always be regarded as a possible serious affection, and the first to make its appearance must