

enemata had to be resorted to at this time for the patient could not be made to take sufficient nourishment.

On the 10th another saline was given under the left breast, with no noticeable reaction. On the 11th the pulse was running 132 and of poor quality. A second intravenous saline of four pints was given, this time in the vein of the right arm, with no appreciable effect.

The morning of the 12th found the right arm painful, and on an examination it was discovered that the incision for the first saline had broken down, leaving a septic-looking wound, with blood suffused in the subcutaneous tissues round about and discharging a virulent reddish serum.

The incisions in the breast also did not heal, and a dirty discharge, most septic in character, was present in sometimes quite large amounts. The pulse was now very weak and irregular, the tongue brown and dry, and as she lingered on the temperature slowly dropped while the respirations and pulse rate gradually increased until her death on the 16th.

The most interesting points in the case are the unusual indication for operation, the presence of the staphylococcus albus and the characteristic breaking down of the incisions made for the salines, showing the absolute lack of the physiological healing process. In spite, too, of the presence of bacteria in the blood, as proved by culture, no pyemic chills occurred and no endocarditis could be made out.