week an anæsthetic was administered, and upon cutting deeply, a surprisingly large collection of pus was found burrowing between the muscles, and extending from a couple of inches above the ankle to the popliteal space. A number of incisions were made, and connected with tubing for irrigation and thorough drainage. Recovery was rapid and complete.

Case II.—J. S., aged 28 years, of a nervous temperament, and one whose resisting powers were not great. Family history of no special interest. Four years ago he had an attack of pleurisy, from which the recovery was slow.

On April 28th, when I was sent for, he was suffering from a septic lymphangitis, following an abrasion over the shin, caused by striking the leg against a step ladder.

The superficial lymphatics running up the front and inner side of the thigh to the inguinal glands were red and extremely tender on pressure. There had been a rigor, and his temperature was 103° F., pulse 120, and much prostration.

The abrasion was about the size of a five cent piece, and its base was covered with a grayish slough; to the sore a hot antiseptic fomentation of Hg cl_2 1—2000 was applied, also a lead and opium lotion over the inflamed lymphatics.

The lymphangitis for a time seemed to be less acute, but the abrasion continued unhealthy and a little pus collected around the sloughing base. The constitutional symptoms increased in severity, the temperature reaching 104½° F. on the fourth day, when, in addition to the lymphangitis, an erysipelatous inflammation appeared extending down the leg.

At the end of the second week of illness, as the erysipelas disappeared, small subcutaneous collections of pus developed. Numerous and repeated incisions from the dorsum of the foot to the original infecting focus were made; and later on, at the end of the third week, it was necessary to evacuate pus which had formed at different points in the superficial lymphatic vessels about the knee and inner side of the thigh. The highest incision was only a couple of inches below the saphenous opening.

The local and constitutional symptoms throughout were severe. The infective process spread not only downwards, involving the skin as an erysipelas, but also upwards along the lymphatics.