

Some time after commencing work he caught cold. Cough increased. While working he cut his little finger with a knife. This healed up after suppuration. On December 2nd, while the scratch was still unhealed, he had a slight chill and complained of his ankle. He walked lame; remained at work, but did not feel as well as usual; had a pretty bad cold. Beside the chilly feeling he experienced a sense of soreness. The pain was very bad in the left hip. On the 27th epistaxis occurred, and on the 28th he became delirious. On the 30th was admitted to the hospital. December 1st the ankle was incised, and the pus evacuated. Patches of pneumonia found in both sides, more particularly on the left. There was more or less pleuritic friction over the diseased patches. On the 2nd of December the following note was made: Patient well nourished, expression anxious, pupils inactive, mouth dry, tongue white and furred, no appetite, very thirsty, abdomen distended, increase in hepatic dullness. Spleen could not be made out. Heart beat indistinct and feeble. Blood count, 4,000,000 red and 1,400 white. Patient had severe pain in the chest before he came in with dyspnoea; no pericarditis; trouble seemed to be limited to the pleura and the lungs. Urine acid, high colored, no albumen; but it was afterward found that the kidneys were in a state of disintegration. No sugar, no bile; S. G., 1.032. Chlorides not diminished. Suppuration continued in the joint. Patient continued more or less delirious. Pulse became weaker and weaker until the patient died. On post mortem lung found to be more or less pneumonic, with patches of pleurisy. Kidneys enlarged, softened and disintegrated in places. Liver not much softened. Cultures were made from the septic pus taken from the ankle by Dr. Hill, which showed pure cultures of the staphylococcus. No other organism found. The staphylococcus was also found in the lungs and in other organs and glands of the body. Injections were made into rabbits; they became similarly diseased.

Dr. MACFARLANE discussed the surgical aspects of the case, particularly the differential diagnosis between osteo-myelitis and rheumatism, and pointed out that these cases are frequently taken for typhoid fever, especially where delirium supervenes.

Dr. GRAHAM referred to the relative increase in the white corpuscles in the last case, due to the suppurative condition present.