

ness, not over the joints but more towards the wrists, not painful but exceedingly tender on pressure; no pain on movement; gradually subsiding in two to four days. Much the same condition on plantar surfaces of both feet at the metatarso-phalangeal joints. The elbows show a few flat erythematous patches about the joints and along the crests of the ulnæ. The joints are alright. The symmetry is striking. December 9th, the nurse reports increase of the mental signs; very restless; constant, low, muttering delirium; patient tore the bandages from the legs. December 10th, there were some involuntary evacuations of the urine and feces. Temperature, 101 degrees F.; pulse, 88. Heart and lungs clear; the abdomen soft and normal. Skin lesions on the proximal phalanx of fourth finger and adjacent side of little finger. From the 9th to the 15th the patient was quite unconscious. On the 15th Dr. Fotheringham saw the patient. The temperature had reached 101 degrees F.; pulse, 80-88. The face was drawn slightly to the left; convergent squint in right eye; flexor rigidity general, but most marked in left arm. All reflexes were normal and there was no ankle clonus; meningitis or some cerebral lesion present. The patient was conscious again on December 15th. On December 16th the patient complained of pain under both jaws. Both submaxillary regions were swollen, indurated and tender; no fluctuation. On December 19th the temperature was 102 degrees F., and swallowing was very difficult; breath foul; breathing labored; again unconscious—perfect stupor. The jaws were rigid; could not examine the throat. Fearing edema of the glottis or retropharyngeal abscess, Dr. Parsons had Dr. Wishart on the 19th examine the patient under chloroform, but the examination was negative. On December 20th the temperature was 99 to 101.8 degrees F.; pulse, 64; fed by bowel. By December 27th the mental condition had cleared up; temperature lowered. By December 31st the patient was normal and recovery was continuous but gradual.

The following points in this case were noted by Dr. Parsons: Pharyngitis, erythema nodosum, arthritis and peri-arthritis, pleurisy, peritonitis, meningitis (unconscious nine days), angina Ludovici; all non-suppurative. Rheumatic affections of throat are recognized; erythema nodosum (rheumatic), arthritis and peri-arthritis (rheumatic), pericarditis, a frequent complication; endocarditis, joint surfaces, etc.—why not by analogy, pleura, peritoneum and meninges?—and all were non-suppurative. Question: Septic; rheumatic? Urinalysis on December 3rd showed that the urine was cloudy, amber, acid, sp. gr. 1015: albumin (a trace), squamous epithelium and hyaline casts. On December 7th it was the same, and again, on December 10th, same; uric acid and a few hyaline casts.