

mentioned and were most developed over the left leg and right thigh. Other joints were affected and had an erysipelatous appearance.

Prostration was extreme and there was stupor, though nourishment was still taken when put to the lips. Coarse tremor of the hands developed and the patient became comatose and died. At the autopsy by Dr. Finley, in addition to the farcy buds, there were nodules found in the lungs, though no pulmonary involvement was noticeable during life.

*Notanda:*—The vague rheumatic onset; involvement of large joints successively and transient nasal discharge two weeks later, followed by papulo-pustular, umbilicated rash appearing in successive crops, intramuscular foci, gluey nasal discharge, phlegmon of face and about joints; pulmonary involvement at autopsy in spite of the absence of clinical pulmonary signs.

ANONYMOUS MANITOBA CASE. Private communication. In 1885 a man who had had the care of his glandered horses had a series of subcutaneous and intramuscular abscesses. Nasal discharge was super-added and the patient died after three months illness.

This case was not diagnosed glanders, but the clinical history seems fairly clear.

O'BRIEN. Ottawa. *Montreal Medical Journal*, March 1889, 641.—A man, aged 37, previously healthy, was hurt on November 23rd, 1888, while attending sick horses. Since then he had very severe frontal headaches, general malaise and feverish symptoms. When first seen on November 27th, there was a temperature of 102°, pulse 100, and some lymphangitis along the inner sides of the legs, but no abrasion and no glandular enlargement. There was also an abscess in the right biceps which when incised on November 28th discharged an ounce of bloody pus. Insomnia was very troublesome and morphine gr. 1½ in six hours gave no relief and no sleep. By November 30th the lymphangitis had increased and certain tender spots were noticed along the inner side of the right leg, also a superficial hardness the size of an almond. Severe pains in the knees developed, but there was no objective abnormality. There was occasional diarrhoea.

A number of abscesses were opened on the extremities, December 4th to 9th. The patient became delirious and passed into a typhoid state. On December 7th a few acne-like papules developed around the large forehead ulcer. Nourishment was still taken. On December 11th the nose became swollen and discharge from it diminished. The patient died stuporose on December 12th, the temperature having risen to 104° and the pulse to 140.

*Notanda:*—General symptoms soon after injury; lymphangitis and one abscess four days later; severe obstinate pain preventing sleep;