

During the night he got up and pricked it with a needle, thinking that something had got into the wound. In the morning he called upon Dr. Roddick, who made a deep incision through the site of the wound. There was no pus and no redness of the arm, although the axillary glands were slightly enlarged and tender. The following day, Jan'y. 12th, he went to the General Hospital. His temperature was then 102.6°F at noon, but gradually fell until at 8 o'clock p.m. it was only 99°F. During the next five days the temperature remained normal, and the wound in the finger completely healed. He complained, however, of some pain in the axilla, and on the 15th of some sore throat. On the night of the 18th he complained of more pain in the axilla, and in the early morning (19th) he had a chill and at night a slight epistaxis. The temperature rose on the 19th to 101.2°F., and the next nine days it ranged from 101 to 103.6°F., the pulse range being between 90° and 100°F. During this time I saw him daily with Dr. Roddick. We examined him carefully every day, but found no indications for operative interference. On the 20th the axilla was swollen and tender. On the 21st the swelling had diminished in the axilla and was greater just below the clavicle and under the pectoral muscle. On the 22nd the swelling and tenderness had greatly diminished again in this region, and the most painful spot, which was also swollen, was just at the inner edge of the deltoid muscle. There were now some spots of redness on the arm. On the 23rd a red patch, as large as the palm of the hand, appeared in the pectoral region. This was painful and tender. These areas of redness were at this time attributed to the hot poultices. On the 25th we decided to explore the axilla. This was done under ether by an incision in the centre of the axillary space through skin and fascia. Another incision was made at the edge of the deltoid directly down to the bone, and a third along the outer edge of the scapula. Nothing was revealed by these incisions. Next day other areas of redness (dermatitis) had appeared over the forearm and back, and a diagnosis of erysipelas was finally made. On the 26th Dr. Adami collected some serum and blood from some of the newer