

under the right breast, her temperature dropping two degrees after it, only to jump up to 105 at the close of the afternoon. There was no real chill. Quinine and strychnine were now given for their tonic and stimulating effect.

On the night of the 2nd of November her temperature was up to 105 $\frac{1}{2}$, and she became quite delirious. Her condition at this time was very grave, her pulse running 110, of very low tension and poor quality, although regular, with the temperature keeping between 104 and 105 $\frac{1}{2}$ degrees. She presented, too, a typical septic appearance. The complexion had become pale and sallow, and the subcutaneous adipose tissue was rapidly lost. The pupils became dilated, though they were of equal size and reacted sluggishly to light. The breath was characterized by that indescribable sweetish odor, which is often present in these cases. Later she passed into a typhoid state, with a dry brown tongue, irritable and delirious, and the urine and feces being passed involuntarily.

On the 3rd of November a second saline was given, this time under the left breast, amounting to two pints, but there was no reaction, the temperature running up four points. She also became exceedingly irritable and restless, refusing all nourishment and stimulant and whining if anything were done for her. The bowels were kept freely open, and elimination carried on as consistently as possible, very free stimulation being given for the pulse was running between 130 and 138, of very low tension, with respirations 44.

An examination of the urine showed a trace of albumen, with the ordinary febrile characteristics. A bacteriological examination of the blood gave a pure culture of the staphylococcus pyogenes albus, the virulence of which, however, was not tested, but the plate colonies died out in three days.

On the 6th of November an antistreptococcic serum injection was given, with negative results. That afternoon, however, four pints of an intravenous saline was given, with most marked results. The median-basilic vein was laid bare by a transverse incision, and no little difficulty was experienced in finding it, for a good deal of adipose tissue still remained. Half an hour later there was a most violent chill, the temperature becoming 105 $\frac{1}{2}$ (per axilla), pulse 152, and respirations 58. That night she got another injection of antistreptococcic serum. Towards morning the temperature began to drop, and at 10 o'clock had reached 95 $\frac{1}{2}$ (per axilla). The vaginal discharge had increased, and the patient was much brighter, less irritable, and seemed altogether a great deal better. The heart sounds continued normal, but she developed a slight bronchitis.

On the 9th another subcutaneous saline was given, preceded by a serum injection, but no reaction occurred. Nutrient