

pearing in others. There was never any appearance of pus formation in connection with them.

Coincident with the joint involvement, painful subcutaneous nodules appeared, scattered in small numbers irregularly over the legs, thighs, buttocks, forearms and arms. At first the skin over them was moveable and of natural color. As the nodules increased in size, however, the skin became inflamed, of a dusky-red color, and several of them broke down, a thin pus, mixed with necrotic shreds of tissue being discharged. Others underwent involution without pus-formation and were absorbed. Irregular, excavated, indolent ulcers were left in the various places where the nodules discharged. These were painful, but gradually became clean and slowly healed in the course of about three months, except one large ulcer behind the lower third of the left leg.

Bacteriological examination of the pus showed the presence of the staphylococcus aureus and albus and the streptococcus.

Cultures were made from the blood by withdrawing the fluid from the median basilic vein by means of a sterilized hypodermic syringe, and inoculating it on agar and blood serum tubes. On the first occasion no growth was obtained, but on a subsequent trial the staphylococcus aureus and albus were found.

Examination of the blood at this time showed 2,736,000 reds, 116,000 whites, and 70 per cent. hemoglobin. The marked leucocytosis was no doubt the result of the local suppurative processes. The temperature at the same time rose to 103, and continued with daily variations from 99 to 102 deg. for five weeks. It was of septic type. March 13th the temperature reached 103 1-5, and on the 14th, 104 2-5. There now developed severe pain over the whole of the right chest, the respirations were rapid and shallow, the cough short and hacking. The patient was extremely ill, had nausea and vomiting. Examination of the chest revealed a marked apical pneumonia with generalized pleurisy on the right side. The pain on respiration was very intense and this was increased on any pressure.

The liver was palpable about two inches below the costal margin, there was much tenderness in this region and the slightest upward pressure produced much suffering. This was evidently due to perihepatitis. From the character of the patient's condition I thought that the pneumonia was probably pyemic, but was surprised when the temperature suddenly dropped on March 22nd, the 9th day, and the general condition improved, the lungs gradually clearing up without any discharge of pus.