

appear in batches. This tendency to grouping of medical cases we are apt to look upon as purely accidental, for one often has a like experience in cases of injury. A physician doing a large general practice may pass a number of years without meeting some particular accident, say dislocation of the shoulder, then a number of such cases will occur within a comparatively short time. It is not my intention to bring forward any theory or explanation of these periodic blessings and misfortunes.

I am content to recognize them, and will be satisfied to narrate briefly a group of three septic cases which came under my care about the same time during the early summer. These cases were dissimilar both in ætiology and clinical history.

Each presents some particular interest, and when studied together they are instructive. They show how septic material when introduced into the system may produce symptoms both local and constitutional entirely different.

The severity of the symptoms in a given case it would seem depends upon the quantity of poison entering the system, its virulence, and the resistance offered by the individual.

*Case I.*—Miss Y., aged 22 years, a well developed and healthy young woman (brunette), with a good personal and family history, received a small abrasion on the heel from wearing a tightly fitting boot. This was followed in six days by swelling, pain, tenderness and redness of the leg. The cutaneous blush was diffuse, extending 3 or 4 inches above the external malleolus, and not spreading up the limb in streaks as one sees in lymphangitis. The constitutional symptoms were slight, temp. 101, pulse 90. Rest in bed for a few days and the application of a lead and opium lotion caused the redness to disappear, but the swelling persisted, and slight tenderness could be elicited on deep pressure for some distance above the ankle.

The temperature though normal in the morning would rise two or three degrees in the evening, and the pulse was correspondingly quickened. An incision made just external to the tibia at about the middle third of the leg allowed a small quantity of pus to escape, which for a time caused the local symptoms to improve.

The evening temperature continued to rise two or three degrees above the normal. The calf of the leg feeling firmer and the limb being much larger than the other one, at the end of a