

same morning. In these cases the constitutional symptoms were not nearly as severe, the temperature on admission being  $102.5^{\circ}$  and the pulse 115 in one, and  $102^{\circ}$  and 110 in the other. They each complained of pain in the right leg, but were able to walk with assistance. On examination there was a reddened, swollen and œdematous area over the upper end of the right tibia which was hot and very tender. The leucocyte count in these cases did not reach over 25,000. The operation confirmed the diagnosis.

Another case showing still another type of the disease was that of an errand boy, aged fourteen, who presented himself after having suffered pain in the right leg for three weeks, which he thought was rheumatic. He was very pale and anæmic and extremely weak. He had had rigors followed by profuse perspiration, loss of appetite and diarrhœa; temperature,  $103^{\circ}$ ; pulse, 120, weak and soft. On examination there was a slight fulness over the lower end of the left femur posteriorly and tenderness, but no particular redness or œdema. A considerable amount of pus was evacuated, the lower end of the femur was denuded of periosteum posteriorly, and a small area was so softened that the interior of the bone was easily explored and pus and spicules of bone removed. The patient did badly for about two weeks, when he was injected twice with anti-streptococcic serum, after which he rapidly improved, and eventually made a good recovery.

Another very interesting case was that of Mr. B., aged forty-seven years, a contractor's foreman. When I first saw him he was suffering from a severe attack of pharyngitis due to sewer gas poisoning. Temperature,  $101-102^{\circ}$ ; pulse, 100-110. After four or five days the throat became much better. On the evening of the sixth day he was taken with a severe rigor followed by a rapid rise in temperature to  $105^{\circ}$ ; pulse, 140. He complained of pain in the arm just below the right shoulder. On examination there was tenderness over the upper part of the right humerus, but no appreciable swelling. The next morning the temperature was still high; pulse, rapid; patient was delirious, but resented any movement of the arm. There was no particular swelling. An operation was performed the following day. The diaphysis was affected at its upper end, and the shoulder joint contained a slight amount of sero-purulent fluid which contained the staphylococcus in pure culture. The patient did not improve much, so was injected with anti-staphylococci serum. The serum had very little effect, and after two or three days he became rapidly worse; low muttering delirium, high temperature, rapid feeble pulse. Pleuritic signs developed in both sides of the chest. Temperature before death reached  $106^{\circ}$ . No post-mortem was obtainable.

The disease may occur in infants (acute epiphysitis). One case I saw in June, 1906, a child of four or five weeks old. The parents had noticed