perturbations, mostly of the ichoræmic character, with corresponding typhoid symptoms. Nothing of this kind was observed in the course of this case, though there were material accelerations of the pulse, but without any other febrile accompaniment whatsoever, and the multilocular abscess seemed to be caused much more by phleothrombosis than any septic contamination of the system.

I will now proceed with the relation of the case, from the details of which the disparity of its symptoms may easily be apprehended.

The patient is a girl not quite eleven years of age. Though belonging to a very healthy family, and herself never before subject to any serious illness, yet she is of rather a delicate and nervous constitution.

At the beginning of August last, she was attacked with repeated rigors, and subsequent fever. From the regularity and typical character of these paroxysms, and the almost free intermissions, the attending physician inferred intermittent fever, and treated it accordingly. The trouble yielded readily to quinine, and seemed to be at an end; when, but a few days later, swellings appeared at the middle of the left tibia and left ankle joint. So clandestinely and painlessly had this symptom set in, that both physician and patient were taken unawares. Forming rapidly into abscess, they were opened and a moderate quantity of ordinary pus escaped.

Up to the 9th of September following, no symptoms of a grave character presented themselves. On this day the patient was transferred to Dr. Bauer's charge, on account of serious illness of the attending physician.

A careful examination being made by the former, the following conditions of the patient were noted: moderate debility, paleness of the surface (which is said to be the ordinary appearance of the child), pulse from 110 to 120 without a rise in temperature, no thirst, no disturbance of appetite or rest, tongue clean, evacuations in good order. When left alone the patient would pass her time cheerfully, but was easily excited by examining or dressing her limb.

At the inner surface of the tibia there was a small aperture surrounded by moderate thickening of the areolar tissue. The sero-purulent discharge was of mild character, without smell and moderate in quantity. There was a similar opening at the ankle joint with more circumferential swelling. Leg and foot moderately œdematous.

It will be perceived that except the accelerated pulse, the objective symptoms denoted no aggravated conditions, and the former might be satisfactorily explained by the excitable temperament of the patient, and the co-existing anæmia. Nevertheless Dr. Bauer attached to the