globin. Stained, dried films showed no morphological alteration in the cells and nothing special in the differential count. Repeated examinations were made for the Plasmodium malariæ on account of the patient's residence during the previous summer, and the presence of an enlarged spleen, with recurring chills and sweats. The results were always negative. Repeated Widal examinations were also negative. The temperature at this time was ranging from 98 to 99 and 100 deg.; pulse about 90. Chills had ceased for the past few days.

A diagnosis of septicemia of some sort, with endocarditis, bronchitis and acute splenic tumor with perisplenitis was made. The latter might have been due to infarction. The point of entrance of the infection it was not possible to discover.

A few days after coming to the hospital—January 1st, 1904—she had a chill, temperature rose to 102 2-5, and well marked physical signs of pneumonia and pleurisy appeared at the left base, though not involving a large area. January 4th, the temperature rose to 103 2-5, next day falling to normal with profuse sweating. January 8th, the temperature rose to 103 4-5, and examination showed intense engorgement of the vessels of the fauces, naso-pharynx and pharynx, with bleeding from some of the distended vessels. The throat felt very sore, and there was severe pain in the left ear and left side of the neck. January 9th there was severe pain in both ears, and the patient was quite deaf. The temperature, however, was lower, 101°. The pain and deafness continuing, Dr. Wishart saw her on January 12th, and incised both drum membranes. Some pus escaped, and the patient felt better. On January 13th, however, she had a chill lasting fifteen minutes, and temperature rose to 104 2-5, and the next day an intense and very typical erysipelatous rash appeared over the forehead and face, extending to the head and over the neck. The rash gradually subsided, the temperature falling to normal on January 18th.

About February 1st, severe pain, tenderness and slight swelling appeared in the knee, ankle and wrist joints. The slightest movement was unbearable. At the same time all the tissues of the legs became extremely tender, the tenderness not being limited to any special structures, as muscle, nerves, or veins.

The clinical condition was such as would ordinarily be called rheumatic, but was no doubt due to the infection acting on these structures. The pain and tenderness in these parts were most intractable, lasting, with alternating periods of improvement and exacerbation, for months. The swelling in the joints was also variable, at times disappearing in some of them and reap-