

one over styloid process of right ulna. Diet of boiled milk. Patient sweats considerably, no chills.

July 31st.—A large collection of pus on outside of leg below the knee was discovered and opened. The pus was very fetid. Introduced a drainage tube. Ordered frequent syringing of opening with carbolic lotion. Discharge from wound of operation scanty.

Aug. 1st.—Bowels moved five times during night. Slept pretty well, did not sweat. Pulse 120, temperature $98\frac{1}{2}^{\circ}$. Tongue moister. Ordered a mixture of ac. sulph. co., spt. chloroform, and decoc. hæmatox. Red blushes on left forearm disappeared.

Aug. 3rd.—Diarrhœa less, slept well. Tongue clean and moist. Wound improved in appearance, discharge more healthy looking and more copious. No sweating. Pulse 128, temperature $98\frac{1}{2}^{\circ}$ in morning.

Aug. 5th.—Pulse 124, temperature $99\frac{1}{2}^{\circ}$. Diarrhœa continues. A blush with œdema on forehead. Felt chilly yesterday. Patient very weak. Tongue clean but glazed.

Aug. 6th.—Patient continued to get weaker and died at 9 p.m. No autopsy was allowed, but the leg was examined. There was found to be no union between the bones. There was a collection of unhealthy pus around the lower end of the femur, which was partly stripped of periosteum and necrosed superficially.

I am indebted for the reports of cases Nos. XI. and XIII. to the late Dr. J. D. Cline, who was my House Surgeon during the period that they were under observation. Case XIII. is from the record taken at the time by the Clinical Clerk, Mr. D. F. Smith, and is very carefully and accurately reported.