

there was no pus or diseased bone to be found—in fact the necropsy was negative excepting to confirm us in the belief that it was a case of auto-infection in a patient already debilitated by overwork and over-anxiety; digestion having been arrested by the mental condition and cold, the ptomaines were rapidly developed in the undigested food and absorbed into the system, and probably some of the microbes finding their way into the tissues, through minute unrecognized ulcerated places in the mucosa of the alimentary canal, causing the decomposition of the muscles while the patient was still living, the reason for the location of the gas-bacillus in the muscles of the hip in so circumscribed a manner still remaining a mystery. I find that in the New York Medical Society Dr. Ferguson, of Rensselaer county, described the histories of eight cases which very closely resemble the above, in which the chief feature was the sudden onset of symptoms—vomiting at first of watery mucus containing a few dark specks, and later the

vomiting of coffee-ground material and the development of a slight icterus. Death occurred in about forty-eight hours. The cases were not in the same locality and occurred at different times, extending over a period of a number of years. In the necropsies there was no evidence of intestinal obstruction, peritonitis or sepsis, but the liver was the seat of parenchymatous inflammation, with softening and acute atrophy. Intestinal obstruction could certainly be excluded in some of the cases, as, for instance, the one in which there had been free movements of the bowels up to the day of death. The only explanation that he could offer was that the condition was an acute toxemia resulting from the accumulation of a bacterial ferment or an enzyme in the blood, or else that through extraordinary influence of the nervous system the digestive and assimilative processes were so interfered with that a virulent form of poisoning was produced.—Cleveland Journal of Medicine.