

Five months after the first specimen of blood was examined another was examined, revealing in every respect precisely the same bacillus in the one case as in the other.

In September, 1899, the patient's left hand, forearm and axillary glands were extensively involved. The hand was swollen fully double its normal size. In the palm was a hard, non-movable mass about half the size of a hen's egg. Over the posterior surface of the forearm a number of abscesses had become confluent and were surrounded by a large purulent surface of a deep red discoloration and much induration of the underlying tissues. A hard mass was present at the bend of the elbow, making flexion almost impossible. At the outset of this attack the whole arm became suddenly powerless and remained so for two days. One month later right axilla, arm and forearm were tremendously swollen. Axillary space was so much filled up that arm could not hang by the side of the body. The sensation conveyed on palpitating was something like the grasping of a base-ball. Nodular masses could be felt throughout.

Although publishing the above as a clinical report, I may say, from the data here given, I have not been able to find a corresponding bacillus under similar conditions or otherwise.

Abdominal Pain.

There is no symptom that is more deceptive than a pain situated in some part of the abdominal cavity. All the intra-abdominal conditions which give rise to pain may present this symptom over the immediate site of the affected region, or the pain may be of so vague a character as to afford little or no exact indication, and, finally, it may be referred to a part of the abdominal region situated at a distance from the part which is affected. It must also be remembered that some active inflammatory disturbances, such as appendicitis, occasionally arise without causing any pain whatever. Moreover, we know that even severe abdominal pain may occur as a consequence of disease which in no wise implicates the abdominal cavity. This occasionally occurs in pleurisies, and the writer within a few days has seen a case of severe infectious pericarditis in which the pain was referred to the umbilical region, and appeared to be of an excruciating character. In appendicitis the pain is not infrequently referred to the right side. In cancer of the stomach or duodenum the pain often varies greatly as to its situation. In ulcer of the stomach the pain is often referred to the back, at the site of the lower dorsal spines. In various forms of intestinal obstruction the pain is often of so irregular a nature as to form but an exceedingly slight indication of the location of the trouble. In hepatic inflammation we are all aware that disturbance in the right lobe usually gives rise to pain in the right shoulder, while trouble of the left lobe may give pain in the left shoulder, owing to those filaments of the phrenic nerve which enter the liver. We are also familiar with the pains in the thigh and in the testis due to renal calculus, and with the remarkable variety of pains seen in aneurism of the abdominal aorta. Abdominal pain is therefore so puzzling a factor, and its absence such an insignificant one, in disease affecting the abdominal cavity, that we can but seldom rely upon it alone in making a diagnosis.—*International Journal of Surgery.*