NOTES ON A CASE OF STREPTOCOCCUS SEPTICÆMIA.

By A. A. ROBERTSON, B.A., M.D.

Senior Resident Physician, Royal Victoria Hospital.

In presenting this report of a case of streptococcus infection the following main features have been kept in view, as rendering the notes worthy of publication.

- 1. A markedly virulent streptococcus septicæmia associated with a scald on the foot apart from any abrasion of the skin.
- 2. The presence of a primary abscess inducing general bacterial infection without the development of metastases.

While cases of general infection from the presence of streptococci cannot be considered as uncommon, yet such a course as was manifested in the subjoined case, is of both clinical and pathological interest, and affords additional proof of the multifarious effects of the invasion of the streptococci into the system.

Abstract from case report.

C. C., cook, aged 26, was admitted to the Royal Victoria Hospital on 25th Jan., 1896, complaining of weakness and loss of appetite.

On Sunday, 19th January, she was taken ill with headache and severe pains throughout the body. There was no definite rigor, but on this and subsequent days she frequently felt chilly. These symptoms continued during the week, the headache being worse on the fifth night, but not sufficient to prevent her from performing some of her daily duties. On Thursday morning she noticed pain and redness on the dorsum of the right foot. For this, she said after admission, she knew no cause, but from her mistress it was learned that she had been scalded on this foot some time before. During the week she had been able to take but very little nourishment. There had been no abdominal pain nor was there fixed pain in any of the joints. Cough had been very slight.

She was born in Scotland, but has been living in Canada for five years. She does not remember having had the usual diseases of childhood. Four years ago she had "congestion of the lungs" which confined her to bed for three or four weeks: another attack supervened in the following year. Two years ago she had quinsy. There is no history of rheumatism, but her physician outside had noted an old cardiac lesion.

In the family history there is tuberculosis.

On examination the patient was found to be well nourished, the