Fresh abscesses subsequently appeared; and she was again held, but to lie her head too to strain her knees. When admitted, her knee was bent nearly at a right angle; the tibia and fibula were displaced backwards; there were several openings along the line of the tibia from knee to ankle, dead bone being seen at the flap as an index; the hollow, but the cartilage could be seen pulsating. There was no movement in the knee, and the ankle was not of much use. There was a good deal of pain in the leg, and considerable discharge. On Nov. 7th the patient was placed under chloroform, and bony tissue was removed with the foot and upper leg, and Esmonard's India-rubber band tied above the knee. Amputation was then performed at the knee-joint. Partial ankylosis had occurred. The extremity of the condyle of the femur was removed, the stump parts being healthy. The popliteal artery was ligatured, and torsion applied to others. The stump was fixed upon a splint, and the wound dressed with dry lint, covered with cotton wool. Pulse 112, small and febrile; temperature 99°. She had a quiet night and slept well, but felt sick; she, however, was able to take milk, wine, and beef-tea without vomiting. She had a little headache on the 9th, which continued.—28th: She had proceeded without interruption, excepting the nourishing her with occasional pains in her legs, gener ally in the night. The flaps had now united nearly, there being some slight discharge coming from the natural opening left in the anterior flap.—Dec. 15th: She had suffered a great deal from pain in the stump, especially at night, and felt very sick, and vomited on the 9th. She was able to sleep but very little, and had slight diarrhoea. Poultices had been applied to the stump, which relieved the pain; but the vomiting continued, and she also the diarrhoea. The leg was improving, only a slight discharge appearing; the diarrhoea had ceased, but returned again, and continued up to the date of her discharge from the hospital. She had also suffered a good deal from pain in the abdomen and shooting pain in the stump, which disturbed her rest. She was, however, able to get up on the 2nd of January, 1874, looking much better, and left the hospital on the 3rd. One month later she was well and able.

Case 43. Chlorotic ulceration of knee-joint; amputation at the joint; recovery with an excellent stump. (Reported by Mr. Bottamy.)—Thomas S. aged forty-eight, a porter, was admitted into Guy's Hospital, under the care of Mr. Bryant, with extensive disease of the right knee-joint. He had been a healthy man till ten years ago, when he had scarlet fever, and after that he had been subject to rheumatism. Two or three years ago he first noticed some swelling in his right knee, and this had gradually increased. For some months he had been unable to walk or work. On admission the right knee was much swollen; it measured in circumference 24½ in., the left measuring only 144 in. The circumference of the right leg was much longer than the outer. The head of the tibia after the injury was immensely enlarged, and crests appeared; movement in the knee, and the ankle was not of much use. The extremity of the condyle of the femur was removed, the stump parts being healthy. The popliteal artery was ligatured, and torsion applied to others. The stump was fixed upon a splint, and the wound dressed with dry lint, covered with cotton wool. Pulse 112, small and febrile; temperature 99°. She had a quiet night and slept well, but felt sick; she, however, was able to take milk, wine, and beef-tea without vomiting. She had a little headache on the 9th, which continued.—28th: She had proceeded without interruption, excepting the nourishing her with occasional pains in her legs, generally in the night. The flaps had now united nearly, there being some slight discharge coming from the natural opening left in the anterior flap.—Dec. 15th: She had suffered a great deal from pain in the stump, especially at night, and felt very sick, and vomited on the 9th. She was able to sleep but very little, and had slight diarrhoea. Poultices had been applied to the stump, which relieved the pain; but the vomiting continued, and she also the diarrhoea. The leg was improving, only a slight discharge appearing; the diarrhoea had ceased, but returned again, and continued up to the date of her discharge from the hospital. She had also suffered a good deal from pain in the abdomen and shooting pain in the stump, which disturbed her rest. She was, however, able to get up on the 2nd of January, 1874, looking much better, and left the hospital on the 3rd. One month later she was well and able.

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After many trials I find the readiest way to procure the filaria is to take between the finger and thumb a fold of the skin, so that the papule will be the highest point, then discard; now take another slice, which will remove the base of the papule and the cutis vera. This film, moistened with a drop of water, and magnified about 100 diameters, is to take between the finger and thumb a fold of the skin, so that the papule will be the highest point, then discard; now take another slice, which will remove the base of the papule and the cutis vera. This film, moistened with a drop of water, and magnified about 100 diameters, in gradually extending itself to near its full length. Measuring it now we find its length about \( \frac{1}{30} \) inch, and its breadth about \( \frac{1}{20} \) inch, and with the exception of the explicable knot, then, having rapidly untwined itself, it curls and coils into many loops. After some minutes beneath the microscope the motions of the little worm become less energetic, and it spends the last moments of its existence in making its way through the entire length. At the head, or blunted extremity, two small dots are noticed, but their nature could not be determined.

If the scalpel used be not sufficiently sharp to completely remove the slice to be examined, it should be detached by means of scissors, and not with forceps; and if the section be taken at a sufficient depth, five or six filarias may be seen in the field together, though the pain caused by the filaria has prevented me from obtaining many such specimens.

The accompanying drawing is taken by means of the camera lucida.

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I have to return my best thanks to Dr. Thomson, Glover Expedition, Addah Fort Hospital, for having placed at my disposal those cases of craw-craw which were under his care.

HISTORY OF A CASE OF PYÆMIA IN PRIVATE PRACTICE, IN WHICH RECOVERY TOOK PLACE AFTER EIGHTEEN ABSCESES HAD OCCURRED.

By FREDERICK H. DALY, M.D.

There are many points of interest in the following history of a case of pyæmia occurring in private practice—indeed, some features of the case are almost, if not quite, unique. I may just draw attention to a few.

1. The origin of the pyæmia was a small carbuncle at the back of the neck. It was not larger than a shilling, and had already broken open; I ordered a linseed poultice and cerate of resin. He locked a little out of health, but not particularly so. He had, some years back, resided in India for five years, and suffered from dysentery there. Since then he has been very subject to boils, Has never had syphilis, and always been most ammunious. I recommended him to fly away from business for a few days, which he did, and to live generously, also prescribing citrate of iron and quinine. I saw him on the 11th, 12th, and 14th, when the little carbuncle had healed, and he expressed himself as feeling much better and ready for business.

On March 10th, 1873, I was consulted by a Swiss gentleman about a small carbuncle on the back of the neck. It was not larger than a shilling, and had already broken open. I ordered a linseed poultice and cerate of resin. He locked a little out of health, but not particularly so. He had, some years back, resided in India for five years, and suffered from dysentery there. Since then he has been very subject to boils, Has never had syphilis, and always been most ammunious. I recommended him to fly away from business for a few days, which he did, and to live generously, also prescribing citrate of iron and quinine. I saw him on the 11th, 12th, and 14th, when the little carbuncle had healed, and he expressed himself as feeling much better and ready for business.