newed, and reappointments should not take place if there were other eligible and desirable candidates. Periods of five years, as adopted in the Provident Dispensary at Leamington, would probably be found expedient. To protect the interests of the dispensary and the profession from the admission of ineligible free members, it is important that the medical officers should be *ex-officio* members of the Committee.

I have a very strong conviction that it is an indispensable element of success in these institutions, that their control and government should be in the hands of the honorary subscribers. I should be extremely sorry to see provident dispensaries lapse into the form and state of sick clubs, with a spirit of antagonism between the medical officers and their managing patients, and power in the hands of the latter of advertising for medical attendants on the lowest terms; and also with the power of admitting amongst the benefiting members and patients a wealthier class, whose admission might be desirable for the club, but very adverse to the just interests of the profession.

I have seen, with much regret, that my friends at Coventry, on the fortieth anniversary of their Dispensary, as the first material alteration of their original laws, have decided to admit every adult free member to equal rights of government in the Institution with the honorary subscribers. Thus, as the honorary subscribers are not more than forty, whilst the free members amount to several thousands, they have obviously placed the property and government of the Dispensary in the power of the benefited members. They have also, but perhaps unintentionally, adopted the advanced form of government by universal suffrage, with female franchise and vote by ballot. I have great confidence in the governors and free members of the Coventry Dispensary; and as the Committee is fairly formed, I have great hope that the Institution may not suffer from this dangerous experiment, and be left, as suggested by some of the advocates of this change in the plan of provident dispensaries, to the entire support and management of the poor members.

It is surely most important, in the effort now so widely making to extend the system of these dispensaries, not to lose sight of the leading principles and conditions upon which they have been successfully conducted for nearly forty years. It is certainly desirable to see the intelligent and well-conducted of the working classes actively assist in promoting all social measures for their own benefit; but it should be remembered that the object of these dispensaries is not to aid the skilled artisan and higher class of workmen, receiving rewards of their labour adequate to the supply of all their own wants, but to meet a great necessity of a poorer class, some of them, perhaps, on the verge of pauperism, and to prevent their sinking still lower in the scale of poverty. Surely it is not desirable or judicious to leave the support of institutions for such objects to the hard-working poor themselves. Is it not rather a duty, and for the welfare of all classes, that the more affluent should apply a portion of their means, their time, their cultivated intelligence, and their trained and judicious benevolence, to objects of this kind in aid of their poorer neighbours?

I cannot conclude these very incomplete observations on the important effects which would accrue from the general adoption of provident dispensaries without alluding to the advantages which they might supply in the present mode of medical education. We hear continually, not only amongst intelligent and experienced members of the profession, but amongst medical students as well, very general complaints that the annihilation of apprenticeships has deprived the student of the present day of the opportunities which his predecessor enjoyed of acquiring the tact and practical aptitude so necessary in the practice of the profession. I know of no public means which could be so easily and well adapted to this purpose as a dispensary or out-patient department of a hospital conducted on this system, under the direction of skilled medical officers. The advanced student would thus be introduced to the observation and treatment of disease in the way he would have to meet it in after practice; and, from the permanent association of the patient with the institution, he would see every variety of disease at its commencement, throughout its whole course, to its termination, and under any sequelæ or recurrence of the malady which had been brought under his notice. Nor would the medical officers find this kind of attendance troublesome and oppressive. The poor patient who has had the forethought and prudence to provide himself with medical advice is generally grateful for the benefits he receives, and thoughtful for those who confer them.

Since my thirteen years passed at Coventry, I have lived under brighter skies, and in a more picturesque part of my own country; but I still look back to the hours thus employed, not only as the most useful, but as amongst the most agreeable of my life.*

* For further details and information, apply to Mr. Fairlie Clarke, Secretary to the Medical Subcommittee of the "Charity Organisation Society"; and consult the pamphlets of Mr. Becke, Northampton, and Dr. Ford Anderson, Hampstead.

AN ANALYSIS OF STATISTICS OF LATERAL LITHOTOMY.*

By the late WILLIAM KEITH, M.D., M.R.C.S.E.,

Senior Surgeon to the Royal Infirmary, Aberdeen;
Lecturer on Clinical Surgery; etc.

[BETWEEN the time when Dr. Keith published his previous paper on this subject and his death, he operated on *thirteen* additional cases by lithotomy, thus raising the total number to 221. Of these last 13 cases, *two* died, making the total number of deaths 45, or a total mortality of 1 in 4.91 or 20.36 per cent.

The principal details of the last thirteen cases may be given, in order to complete the former detailed statistical account.

Case 209, aged 48 years; weight of stone, 3½ drachms; dismissed cured 29 days after operation.

Case 210, aged 59 years; weight of stone, 7 drachms; dismissed cured 51 days after operation.

Case 211, aged 64 years; weight of stone, 5 drachms; dismissed cured 73 days after operation.

Case 212, aged 8 years; weight of stone, 4 drachms; dismissed cured 26 days after operation.

Case 213, aged 53 years; weight of stone, 3½ drachms; dismissed cured 51 days after operation.

Case 214, aged 63 years; weight of stone, 1½ ounces; dismissed cured 36 days after operation.

Case 215, aged 65 years; weight of stone, 1 ounce 4½ drachms; dismissed cured 35 days after operation.

Case 216, aged 67 years; weight of stone, 1 ounce; died 11 days after operation.

Case 217, aged 51 years; 5 stones: gross weight, 1 ounce 7 drachms; dismissed cured 27 days after operation.

Case 218, aged 55 years; 2 stones: gross weight, 1 ounce 4½ drachms; dismissed cured 31 days after operation.

Case 219, aged 78 years; weight of stone, (?); died 2 days after operation.

Case 220, aged 63 years; weight of stone, (?); dismissed cured 26 days after operation.

Case 221, aged 70 years; weight of stone, (?); dismissed cured.

The following account of the fatal cases was drawn up and revised by Dr. Keith a considerable time previous to his death, and is given in the state in which it was left by him.]

Notes of Cases of Lithotomy in which Death followed.

As we and others often derive most instruction from our failures, I shall, therefore, briefly give the leading points connected with the fatal cases in my lithotomy experience.

CASE V.—Alexander Allan, aged 74, a farmer, was admitted into the Aberdeen Infirmary on October 24th, 1839, suffering from the usual symptoms of stone in the bladder. A calculus having been detected after he had been in the house for a time, he was operated on, November 20th, and a stone, weighing 1 ounce 3 drachms, and measuring 2 inches by 1 inch by 1½ inches, was removed. He continued quite well, with a pulse not above 80, and urine flowing freely, till late on the evening of the 22nd, when he got out of bed and sat up for two hours. In dancing to show how well he was, the tube escaped from the wound, and the night-nurse, in trying to introduce it, inflicted such injury that fatal inflammation resulted, and he died on the 23rd, three days after the operation. *Post mortem* examination revealed the fact that the nurse had thrust the tube up between the pubes and bladder, allowing urinary infiltration into the abdomen; the man dying from extensive peritonitis, the evidence of which was manifest throughout the abdomen.

CASE XIV.—William Kennedy, aged 4, was admitted on the 8th February, 1842, and operated on the 5th March, when a stone, weighing 1 ounce 1½ drachms, and measuring 1½ inches by 1 inch by 1½ inches, was removed, as was also a second small calculus. He went on well enough till the evening of the 6th, when he complained of pain in his belly. Six leeches were applied over the region of the bladder; and the night-nurse stupidly encouraged the bleeding all night by hot poultices, so that he lost a great quantity of blood. He never rallied from

* We have to acknowledge our indebtedness to Dr. Angus Fraser, of Aberdeen, for the details of Dr. Keith's practice which have previously appeared in the pages of the JOURNAL, and also for the additional particulars which we commence this week. Dr. Fraser collected and arranged the notes of the cases at a time when Dr. Keith's failing health rendered such a task too irksome for his usually energetic mind. Dr. Keith was, however, able to revise part at least of the valuable experiences which we now publish.

the exhaustion thus produced, and died at 8 P.M. on the evening of the 8th March.

CASE XVII.—George Davidson, aged 69, a farmer, came under treatment on the 10th April, 1842, and was operated on the 16th April. The stone weighed 2 ounces 3½ drachms, and measured 2½ inches by 1½ inches by 1½ inches. The operation was performed at his own home, forty miles distant from town, and an assistant remained with him until the morning of the third day after the operation. When he left the urine was clear and copious; the pulse 78, natural; the tongue clean and moist; in short, to all appearance the patient was out of danger. A surgeon in the neighbourhood took charge of the case then, and what happened subsequently has never been ascertained, except that a bottle of brandy was emptied by the patient on the third night, and that he died on the 20th April.

CASE XXVI.—Alexander Cavendish, aged 72, weaver, was admitted 29th June, 1843, and operated on the 15th July, when a stone, weighing 3 ounces 7 drachms, and measuring 2½ inches by 1½ inches by 1½ inches, was removed. He went on tolerably well for some time, the wound very nearly healed, and he was able to be out in the garden. He had, however, been long subject to dyspepsia; the irritation of the stone had reduced his strength much; and, in spite of every care and treatment, it was found impossible to rally his strength. The stomach became very irritable, and he died of exhaustion on the 6th September, fifty-three days after the operation. The body, examined ten hours after death, was very emaciated. There was not the least trace of inflammatory action about the belly or pelvis. The kidneys were both studded with vesicles, like hydratids, and were granular. The viscera and chest were healthy. The head was not examined.

CASE XXIX.—John Abel, aged 77, farmer, was admitted on the 31st August, 1843, suffering from stone in the bladder, and was operated on at noon on the 16th September, when a stone, weighing 3½ ounces, and measuring 2½ inches by 1½ inches by 1½ inches, was removed. The depth of the perineum, and the unyielding state of the bladder, coupled with the size of the stone, made the operation (nineteen minutes and a half) both tedious and severe. The soft parts were considerably bruised; and a constant oozing from the surface of the wound required the tube to be enveloped in lint, and then twisted into the wound and bladder. About half-an-hour after the operation he fell rather suddenly into a state of collapse; brandy was administered, and he recovered in some degree, but the skin remained cold, the pulse feeble, and he continued in a low and drowsy state till 6 P.M. At 3 o'clock, he expressed a desire to pass urine; a catheter was therefore introduced by the urethra, and a quantity of warm water injected through it into the bladder escaped readily, untinged by blood, through the flexible tube in the wound. By 7 P.M. the pulse had become firm; the skin was still cold, and he was disposed to sleep. Arrowroot and brandy were administered. On September 17th, at 7 A.M., reaction was completely established. The heat of the body was perfect; the pulse firm. Urine had begun to flow clear, but in no great quantity. The skin was warm and moist; tongue dry; pulse 100, full. The belly was rather tense and tender. He was ordered warm diluents and poultices to the abdomen. During the day he became somewhat confused, and the belly became more tumid; he became very restless; his breathing became oppressed; and, after vomiting a dark-coloured fluid, he expired at 2 A.M. on the morning of the 18th. On a *post mortem* examination, the omentum was found adhering to the parietes by recently effused lymph; there was some bloody effusion behind the symphysis pubis; the small intestine, and also the sigmoid flexure, were of a deep crimson colour. There was bloody effusion round the whole of the bladder, especially at its neck; and the coats of the bladder were much thickened and indurated. The ureters were widely dilated, and the kidneys much disorganised.

CASE XXXII.—David Imray, aged 68, a farmer, was admitted into the Infirmary on the 14th December, 1843, and was operated on on the 17th February, 1844. The stone removed weighed 3 ounces 6 drachms, and measured 2½ inches by 1½ inches by 1½ inches. About thirty-six hours after the operation he became somewhat confused, but this confusion disappeared in the course of a few hours; it however returned again several times without any other very marked symptoms, till twelve days after the operation, when the bowels became loose; and, though this looseness was restrained by remedies, he gradually became weaker, and died on the morning of the 6th March, eighteen days after the operation. A *post mortem* examination was refused.

CASE XXXIX.—Robert Johnson, aged 74, a farmer, was admitted on the 16th April, 1844, and was operated on the 20th April. The stone removed weighed 13 drachms, and measured 1½ inches by 1 inch by 1½ inches. The night after the operation he complained much of flatulence and pain over the right kidney, both which symptoms were relieved by hot cataplasms. The following night he slept well, but the tongue became dry, and he was very weak; and, notwithstanding the

free administration of nourishment and stimulants, he gradually sank, and expired at half past 4 on the afternoon of the 23rd April. No *post mortem* examination was allowed.

CASE XLI.—Alexander Duncan, aged 63, a shoemaker, was admitted on the 28th May, 1844. On the 26th June, a stone, weighing 2½ ounces, and measuring 2½ inches by 1½ inches by 1½ inches, was removed. He went on well till the morning of the 29th, when the urine not coming by the wound, a catheter was introduced, and twelve ounces of urine were drawn off *per urethram*. He could not bear the presence of the catheter, which was left in, and it had to be removed in the evening, the urine then coming in occasional gushes by the wound. The urine became scanty, he gradually grew weaker, and died on the 3rd July, seven days after the operation. No *post mortem* examination was allowed.

CASE XLVI.—Adam Florence, aged 67, farmer, was admitted into hospital on the 27th March, 1845. He was a pale, weakly looking man, with a wasted worn-out body, a large scrotal hernia on the right side, and a dislocated patella on the same side. Animal food and wine improved him somewhat, and he was operated on the 19th April. The stone removed weighed 1 ounce 2 drachms, and measured 1½ inches by ¾ inch by 1½ inches. He gradually became weaker, and expired on the 6th May without any other apparent cause than sheer feebleness of constitution. On examining the body, the contents of the abdomen were found quite healthy; the intestines were contracted to a small calibre throughout; the bladder was quite contracted and dark on its inner surface, with phosphate of lime in specks over it; the external wound was grey, soft, and ununited, no action having ever actively begun in it; the surface was coated with phosphate of lime; the kidneys were enlarged and diseased.

CASE LVI.—Thomas Imbree, aged 67, was operated on the 23rd August, 1845, when a stone, weighing 5 ounces, and measuring 2½ inches by 1½ inches by 2½ inches, was removed. He died on the 15th September of sheer debility. No *post mortem* examination was allowed.

CASE LXIII.—Peter Emslie, aged 65, farmer, was admitted on the 18th November, 1845, and was operated on the 22nd of the same month. The stone weighed 1 ounce 6 drachms, and measured 2 inches by 1½ inches by 1½ inches. The transverse perineal artery was of great size, and required a ligature. On the sixth day after the operation, when all danger seemed past, the nurse, on washing him, rudely detached the ligature, and, before she observed the occurrence, he had lost so much blood that he never rallied, and died on the 28th, twenty-three hours after the accident. No *post mortem* examination was allowed. A great mistake was made in not cutting both ends of the ligature short.

CASE LVIII.—George Peter, aged 78, a salmon-carter, was admitted on the 28th February, 1846, and was operated on the 25th March. There were three stones, weighing 7½ drachms, and the largest measuring 1½ inches by ½ inch by 1 inch. He went on well enough till the evening of the 27th, when there was slight tenderness on pressure over the belly, and the urine was not flowing so freely as before. Leeches were applied to the abdomen, but the pain became worse, the urine very scanty, the pulse feeble and frequent, and the breathing oppressed. He died at 9.30 A.M. on the 29th. On examining the body, the viscera of the abdomen were found very generally inflamed, the intestines glued together by recent lymph, patches of pus visible under the peritoneum, covering the rectum and sigmoid flexure. The kidneys were red, and partly in a state of fatty degeneration; there was no urine in the pelvis of the kidneys, ureters, or bladder. The bladder was thickened, but healthy to appearance; the wound in the prostate was of the usual limited size. On the right psoas muscle some bloody infiltration was noticed. There was no serous effusion whatever in the abdomen.

CASE LXI.—W. Finlay, aged 60, a farmer, was admitted on the 19th May, 1846, and was operated on the 27th June following. Two calculi were removed, weighing an ounce, and each measuring 1 inch by ¾ inch by ¾ inch. He went on well till the evening of the 9th July, when he became somewhat confused, his skin hot, pulse full and bounding, and 120; his breathing was hurried; there was no tenderness of the belly; the only appearance of local action was slight general fulness of the left leg and foot. He was bled to 30 ounces, and had 3 grains of calomel every two hours. On the 10th he was nowise improved; the breathing became more and more oppressed; and he died at 7½ P.M. On inspecting the body, the contents of the abdomen and pelvis were found perfectly healthy; the brain was congested, and there was large serous effusion between the membranes in both lateral ventricles and in the vertebral canal. The membrane lining the anterior surface of the left ventricle and auricle of the heart, and along the aorta, showed evidence of recent inflammation. It was afterwards discovered that he

had got eight ounces of port wine surreptitiously, and drunk it the night before the commencement of the unfavourable symptoms.

CASE LXVII.—John M'Intyre, aged 63, a pensioner, was admitted on February 17th, 1847; and on April 17th, a stone, weighing 2 ounces, and measuring 2½ inches by 1½ inches by 1½ inches, was removed. He went on for a few days very well; but after that time a troublesome cough came on, the result of chronic pulmonary disease, and he gradually became weaker, and died on the morning of May 14th. At the *post mortem* examination, the viscera of the belly and pelvis were found quite healthy. The right pleural cavity contained a large quantity of purulent effusion, and numerous vomicae were found in both lungs.

CASE LXX.—Isaac Routledge, manufacturer, aged 73, came under treatment on May 22nd, 1847, and was operated on June 5th. Five calculi, weighing 1½ ounces, and the largest measuring 1½ inches by ¾ inch by 1½ inches, were removed. He died exhausted on June 28th from no very evident cause, the powers of life gradually failing under despondency. No *post mortem* examination was allowed.

CASE LXXI.—Alexander Davidson, aged 52, farmer, was admitted on October 9th, 1847, and on the 30th was operated on, when a stone, weighing 6½ drachms, and measuring 1½ inches by ¾ inch by 1½ inches, was removed. A pendulous polypous tumour was felt within the neck of the bladder, and on withdrawing the stone the excrescence came away in the angle of the blades. For some time after the operation the urine was bloody and mixed with coagula. In the evening the tube was removed, and, after being enveloped in lint soaked with tincture of matico, was reintroduced. On the morning of the 31st, the urine was more clear and copious; the wine which he had been getting during the night was continued; in the evening the pulse was 100, as it had been since the operation; the urine was less copious, and the belly somewhat tumid. He passed a restless night, became confused, his pulse rose in frequency and became more feeble, and he died at 11 A.M. on November 1st. No *post mortem* examination was allowed.

CASE LXXIII.—John Topp, aged 63, crofter, was admitted on December 15th, 1847, and operated on December 25th, when two stones, weighing 3½ ounces, were removed. The larger measured 2½ inches by 1½ inches by 1½ inches. He went on well for twenty-four hours, but after that the urine became less and less in quantity, the pulse quick and weak, and the tongue dry, and he died on the 27th at half-past seven in the evening. At the *post mortem* examination there was not the least trace of inflammatory action in the abdomen or pelvis. The right kidney had numerous cysts on its surface, and Bright's disease had made some progress throughout the gland; the left kidney was atrophied, with the pelvis remaining like a bladder.

CASE LXXVI.—Peter Pirie, aged 45, farmer, was admitted on March 10th, 1848, and was operated on April 15th. The stone weighed 3 drachms, and measured 1½ inches by ¾ inch by 1 inch. He went on very well, and the wound had entirely closed; when he was attacked by erysipelas of the head and neck, then prevalent in the hospital, and died on April 29th.

CASE LXXVIII.—William Ross, aged 67, weaver, was admitted on August 22nd, 1848, and operated on September 2nd. Two stones, weighing 2 ounces 6 drachms, were removed, the larger measuring 1½ inches by 1 inch by 1½ inches. He went on tolerably well for ten days, the only unfavourable feature being a dry and a loaded tongue; after that time he began to get weak, became restless and confused, the pulse became feeble, and he died on the evening of the 18th. After death, the general aspect of the intestines was healthy; one kidney was much enlarged and diseased, and the ureter equal in diameter to a thumb; the other kidney was absorbed, its pelvis, like a bladder, only remaining. The left side of the pelvis contained a large quantity of thick pus. The prostate was much enlarged. The bladder was thick and rugous.

CASE XCIII.—James Abercrombie, aged 70, farmer, came under treatment on December 14th, 1850, and was operated on January 3rd, 1851. The stone weighed 5 ounces, and measured 2½ inches by 1½ inches by 2½ inches. The third lobe of the prostate came away before the stone; it weighed 9 drachms. Bilateral section of the prostate was required to let the stone out. Purulent phlebitis in the posterior tibial vein and in the deep veins of the left leg came on, and he died on January 13th. Pus was also found in the external iliac vein. He was operated on under the influence of chloroform; his wrists and ankles were secured by broad tapes during the operation; he struggled so violently in the course of the operation that phlebitis resulted in the saphena minor vein, running up as far as the common iliac, and was the cause of death.

CASE XCIV.—James Thom, aged 71, farmer, was admitted on January 5th, 1851, and was operated on the 25th of the same month. The stone weighed 3 drachms, and measured 1½ inches by ¾ inch by 1 inch. The urethra was torn previously to the operation by the assistant, in an

unsuccessful attempt to introduce the staff, followed by such hæmorrhage as to lead to the belief that the artery of the bulb had been torn. Great infiltration of blood took place into the penis and scrotum, and sphacelus of the latter speedily followed, under which he sank. Dissection showed the laceration in the bulb nearly an inch in front of the urethral incision for lithotomy.

[To be continued.]

CUTANEOUS NEUROSIS.

By STANLEY HAYNES, M.D., Malvern Link, Worcestershire.

S. M., a strong, active, healthy, and intelligent girl of four years, complained on Tuesday, May 2nd, about midday, of feeling ill, but seemed so well that her mother, a kind and anxious parent, thought she was pretending. The child was unusually quiet, lay down all the remainder of the day, and was without appetite. No shivering was noticed. The following morning, instead of waking and getting up at six as usual, she slept soundly and uninterruptedly until twelve, when she appeared poorly, and was as on the previous day. In the evening, the child was lame and in pain; and her left great toe was found cold, blue, and swollen. On the 4th, I found the left foot and ankle blue, cold, swollen, and painful. The posterior tibial and dorsal arteries pulsated naturally, and no obstruction to the venous circulation was noticeable. The left hand was somewhat swollen, and there was some lividity about the finger-nails. This hand and the lower half of the forearm, and the right foot and ankle, had been in similar conditions to those in which the left foot was at the time of my visit; and all three had been very painful. The eyelids on both sides were rather and equally œdematous; and the face was swollen; the lids had been affected in the same manner as the other parts. Neither the right hand or arm nor the ears had been involved. The feet had been bathed in hot water with mustard. I directed the limbs to be wrapped in cotton wadding, and prescribed a mixture with aromatic spirit of ammonia and spirit of chloroform. The child had seen a funeral on the 2nd, but did not appear to have been frightened in any way. She was as intelligent as usual; seemed quite free from vertigo and nausea and any evidences of ergotism; her expression was rather anxious; she had taken little food; and the bowels had acted in the morning. The state of the urine had not been observed. The cardiac sounds were normal; the pulse 82. At bedtime, after some slight reaction—local pain and redness, but no sweating—the various parts had resumed their natural appearances.

The child continued well until the following morning (May 5th) at eight, when both feet became affected as before, continuing so until late at night. The patient was very poorly all day; had anorexia and thirst; her face (only) perspired copiously; and her pulse in the evening was 140. The urine was non-albuminous, loaded with magnesian phosphates.

In May 1870, a playmate thrust a piece of velvet into the child's left nostril. Her mother attempted to remove it, but pushed it beyond reach and sight. Soon afterwards, some fetid discharge came away; and, at various times during the summer, threads were expelled; none were noticed for some months; but the *ozæna* continued, and became so bad that the child could not be received at school. A month ago, I chloroformed the patient (as she was much frightened by any attempt to examine her nose), and endeavoured—in vain—to find and wash out any remains of the velvet. The discharge (for which a solution of carbolic acid had been used for three months) continued as before until this illness. On May 5th, there was not any discharge or bad odour. On the 6th, the child seemed pretty well; there was not any unnatural appearance, and the *ozæna* returned in the afternoon. The 7th passed without anything abnormal, and it was hoped the child had recovered; but on the 8th the left foot again became affected as before, the condition extending into the calf, and ending gradually. The *ozæna* continued. Both feet were very much attacked on the 9th. The little patient was as ill as on the 5th, with profuse sweating of the forehead; and the *ozæna* was arrested. An ounce of the following mixture was now given four times daily.

R Potassæ chloratis, gr. xxv; tinct. ferri perchlor., spir. chloroform., ana ℥lxxx; syrupi simpl. ʒij; aquæ dest. ad ʒviij.

The feet were kept in cotton-wadding, and in the evening were restored to their natural condition. On the following day (10th), the only abnormal state was coldness and some lividity of the posterior aspect of the lower half of the right arm; this lasted two or three hours during the middle of the day. Between ten and eleven in the morning of the 11th, both feet became much affected and very painful, with sharply defined straight lines of demarcation, until about 3 P.M., when they resumed