Septic Infection caused by Guinea-worm.

vessels save the anterior tibial artery, which was controlled by acupressure.

On the day succeeding the operation:—

<table>
<thead>
<tr>
<th>Pulse</th>
<th>Respiration</th>
<th>Temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>30</td>
<td>99.4</td>
</tr>
</tbody>
</table>

Upon no day during speedy convalescence did the constitutional disturbance exceed this.

I might add to these, did I not feel it to be unnecessary, a large number of similar cases. It would be only to enumerate such cases as have already appeared in the pages of this journal in the communication of Dr. W. MacCormac, of Belfast, on the antiseptic treatment of wounds. He states that "he has observed over and over again the almost total absence of pain, inflammatory swelling, and surgical fever, where such might otherwise have been expected to occur." To this I can merely add that in the cases tabulated by me the absence of fever has been proved by thermometric observations.

Let me say in conclusion that I heartily concur with Dr. MacCormac in deprecating the attempts which have been made to deprive Professor Lister of the immense merit of having introduced this plan of treatment, a plan which bids fair to achieve great results, a plan which I doubt not will gain a lasting reputation for its author.

ART. V.—A Case in which Septic Infection, which terminated in Death, was caused by the Breaking of a Dracunculus or Guinea-Worm, during an attempt made by the Patient to extract it. By Jolliffe Tufnell, F. and Examiner in Surgery R.C.S.I., M.R.I.A.; Surgeon to the City of Dublin Hospital; Ex-Regius Professor of Military Surgery.

The gentleman the subject of this communication was thirty-eight years of age, a temperate and very healthy man. He had been in India for some years engaged upon the geological survey of the Madras Presidency, and, as such, was necessarily much exposed to jungle, and other influences tending to fever, and he suffered accordingly from ague on several occasions. He also had guinea-worm a few years back, which attacked him in an unusual situation, namely, above the condyle of the humerus of the left arm.
This being treated by a native in the usual manner, and rolled out from day to day, was extracted without suffering or much annoyance.

He arrived in Dublin from India upon the 16th of December, 1868. Upon the 18th his left foot felt tender; so much so, indeed, that he could not put on his boot, and had to go about in a slipper. By so doing he got relief, and then resumed the boot; but the pain returned again, and thus he went on, at one time worse and another better, until the 18th of February, never suspecting the real cause of the mischief.

Upon this day the guinea-worm showed itself in the customary manner as a small boil, from the centre of which the head of the creature protruded. Recognizing it he at once proceeded to extract it, and meeting with no resistance for a considerable while imagined that he could draw it out entire. Unfortunately, his confidence was misplaced; the worm separated in its continuity, and retreated beneath the integument, when about eighteen inches had been gathered into the patient's hand.

The orifice through which this portion had been extracted was situated behind the inner malleolus of the left foot, midway between it and the Achilles tendon. The worm lay in the areolar tissue adjacent, with its tail in all probability coiled up around the tendon itself, because in the progress of the case phlegmonous inflammation showed itself upon the outer side equally with the inner and counter openings, for the escape of pus had to be made there.

A few hours after the breaking of the worm acute inflammation supervened, and extended to the knee. This, however, did not cause any alarm to the patient. When called in upon the 20th I found him sitting in the parlour smoking a cigar, and he seemed to be quite annoyed at being ordered up to bed. Linen cloths soaked in Goulard's lotion were directed to be applied to the limb, which was well raised upon a pillow, and the most perfect quietude enjoined.

All went on well for a time, the local inflammation of the leg subsiding, and the orifice of the worm's exit looking healthy, pressure by a sponge from above downwards being unattended by pain, and discharging daily through the orifice a small quantity of putty-like pus. Upon the morning of the 4th of March, however, that is, sixteen days from the breaking of the worm, all was changed. An intense rigor now suddenly set in, as if the