

On the 1st of August, when Dr. MacCallum entered on the duties of the hospital, his condition was as follows:—Great emaciation; surface generally of a sallow hue; on the face, neck, chest, shoulders, and in the axilla, are large patches of discolored integument, resembling in shade the color produced by long exposure to a hot sun; the patches on the chest are covered with a mealy desquamation; those on the face occupy the most prominent parts; on the forehead the coloration extends to near the commencement of the hair; it is not found on the scalp. There is on the mucous membrane of the lips, near its junction with the integument, and surrounding the mouth, a well-marked, deep brown line. Conjunctivæ of a pearly whiteness; ends of fingers clubbed, and nails incurvated. Great flattening of thorax in the infra-clavicular regions, with diminished expansion movement of both sides, that of the right side being most marked; elevation-movement quite distinct. Percussion elicits a sound of equal intensity on opposite sides of the chest; the resonance, however, is much less than that of a healthy thorax. Auscultation discovers in the right infra-clavicular and mammary regions gurgling râles, cavernous respiration and pectoriloquy; in the infra-mammary and axillary regions of the same side, large mucous râles. In the left infra-clavicular region there are mucous râles, which gradually disappear as the mammary region is approached. Sounds and rhythm of heart normal; pulse frequent and weak; cough very annoying; profuse muco-purulent expectoration. Fraser has a melancholy, dissatisfied expression of countenance; his movements are sluggish: appears disinclined to converse with any one; speaks slowly and with an apparent effort. He complains of great debility; but what appears to give him most uneasiness, and, indeed, engages his entire attention, is a sensation of pain seated in the epigastric, and extending into the hypochondriac regions. This pain is constant, is not an acute, but rather a dull, gnawing pain. It is not accompanied by vomiting; is not increased after the ingestion of food, or by pressure made on the abdomen.

Dr. MacCallum diagnosed:—*Cavities, with extensive softening in the right lung; tubercular infiltration throughout, with commencing softening in the apex of the left lung; disease of the supra-renal capsules, probably tubercular.*

The treatment on which Fraser was placed when first admitted into hospital, was continued. It consisted in the administration, with slight variations, of cod liver oil, quinine, sedative cough mixtures, porter, wine, and nourishing diet. Various remedies were given to relieve the dyspeptic symptom, with, however, only partial success. The combi-