to the time of the wetting and occurrence of severe cough and fœtid expectoration; 2nd, the nature of the apparent cause of the disease—prolonged contact of cold and moisture—being one well calculated to produce, and which has frequently produced, gangrene of the lungs; 3rd, the brevity of the interval (4 or 5 days) which elapsed between the exposure and the developement of the fœtid expectoration, and its accompanying and preceding symptoms of chills, heat and general indisposition; 4th, the fœtor having preceded the hœmoptysis; 5th, the much greater frequency of pulmonary gangrene than of fœtid tuberculous vomica; and 6th, the healthy condition of the right lung.

The three remaining arguments in favour of this view of the case, I have called *doubtful*, because they are of less weight than the others; but taken in connexion with them, they possess a considerable value.

I am thus obliged by what seems to me the state of the argument, to conclude Doyle to be the subject of that interesting and not very common disease—*Gangrene of the Lung.*

While on this subject, let me call your attention to the case of the man, Wolfe, in Ward —, recently admitted, complaining merely of weakness, loss of appetite, rejection of food, indeed, if his own statement, exaggerated as it was, were true, of inability to swallow it; and whom on close examination we found the subject of cough, muco-purulent nummular like expectoration, with some physical signs of tubercular deposit at the apices of the lungs, and the well developed physical phenomena of a circumscribed pneumonia at the lower part of the left lung. The pneumonia was in the stage known as congestion, but it has since passed into hepatization. In this patient besides an absence of the well marked inflammatory fever and the rusty expectoration of pneumonia, there is a very weak pulse, a peculiar sad, discontented and distressed expression of face, marked general prostration, and most singular of all, at times a horribly fœtid odour of breath—in character, precisely like that of poor Doyle's. This fœtor was noticed the day after his admission, and two or three times since, but on no occasion, more sensibly than yesterday. Is this a second case of pulmonary gangrene? an illustration of what almost seems to be a law, that one uncommon case seldom occurs singly, others soon follow it; I believe it is, and shall watch the progress of the case with increasing interest, more especially for the signs of forming cavity consequent in the separation and breaking down of the eschar.

Besides the peculiar combination of excessive prostration, a limited amount of pneumonia in the first stage, (an amount which fails to account for the degree of vital prostration present) and gangrenous odour of the breath, a combination which is generally regarded as almost characteristic of gangrene, there is a point in the patient's history which