

He had had some delirium, but seemed altogether better, and he had taken his nourishment and stimulants well. The temperature was 100.5° . In the evening he did not seem quite so well; the temperature rose to 101.8° , the highest point it had reached; the pulse was more rapid; he had had more delirium; the tongue was dry; and he looked badly; still no cough, no expectoration. The consolidation had extended a little further into the axilla.

10th. Patient had a bad night, and had refused to take his food. The pulse had again become very rapid and irregular, and he seemed much more prostrated. Dr. Smith stayed the night with him, as he would only take the medicines from him. The pulse this morning is better, 116, of good volume, but occasionally drops a beat. He is rather drowsy, the respirations are 32, tongue dry, and he looks like a man in a condition of profound toxæmia. He sank gradually and died in the evening.

These two cases illustrate a type of pneumonia in which the general toxic symptoms overshadow entirely the local and more usual features of the disorder. These severer types are seen particularly in the epidemic form and in old people, and the toxæmia may be out of all proportion to the local disease.

Probably, too, the sudden and unexpected death in pneumonia may be attributed to the action of the specific toxins on the heart-centres, rather than on the muscular substance of the organ itself. This seems more reasonable than the former idea that it was the action of the high fever upon the myocardium. These cases are by no means uncommon, and one has always to be on the lookout. I have notes of three cases which I have seen within the past few years. In the first, massive pneumonia with great obscuration of the physical signs, owing to blocking of the bronchial tubes, death occurred quite unexpectedly on the sixth day; in the second, death occurred suddenly on the fourth day; and in the third case the patient died in collapse on the third day.

Massive pneumonia; death on the sixth day. Benjamin M., aged thirty-eight years, colored, hod-carrier, was admitted December 14, 1894, complaining of pain in the right side of the chest and cough.

He had been strong and well, with the exception of rheumatism at twenty-five years; he had a chancre in 1884.

On December 5th he caught cold, but kept at work for the two following days; on Monday, the 10th, he had a headache, and while still in bed was seized with severe pain in the right chest, followed almost immediately by a severe chill. The pain, which was sharp and stabbing, grew steadily worse and was aggravated by coughing. The expectoration was profuse. He had been in bed since the onset of the pain.

On admission the temperature was 104° , the pulse 130, the respirations 40. He was a large, powerfully built man, propped up in bed on his back; respirations shallow; no marked cyanosis. The mind was clear. Pulse was full, bounding, and slightly dicrotic; the tension was low. The expiration was interrupted by a slight jerking