temperature not raised. In abscess the pulse will be accelerated and small in character.

Pyæmia sometimes produces jaundice; and it is very common in connection with all diseases which depend on blood-poisons. In these cases the jaundice is probably produced by some peculiar action of the septic poison on the blood, and the jaundice is not the bright golden yellow seen in this case. In the way of treatment, leeches are suggested, and a much worse thing might be done than that. Counter irritation is one of the means which may be employed to subdue the inflammation, and it may be in the form of dry cups, leeches, or perhaps a blister over the liver, as an attempt to relieve the catarrh.

It is well, however, to recollect one thing, and that is, that catarrhal inflammations are self-limited, unless the stimulus which produced them is kept up. They have a period of dryness, congestion, and secretion; first, an increase of the normal secretion of mucuous membranes, and then muco-purulent. After a certain amount of this secretion has been poured out, unless the inflammatory stimulus is kept up, recovery is rapid and complete.

I do not believe that calomel would be of any benefit in such a case as this, and I would not have you go off with the idea that calomel must be given to act in some peculiar way, because there is hepatic disturbance. If you wish to stimulate the glands of the intestine to action, very well; there is no doubt but that calomel acts as a stimulus to the glands, but everything that is neceesary in such a case as this can be accomplished just as well by mild saline cathartics as by calomel. I would not give stimulants, because as a general rule acute catarrhal inflammations are not benefited by stimulants, wherever the inflammation may be. The best diet for the patient is such food as will be digested as far as possible in the stomach.

The second case which I present to you, is one in which there is some question among the gentlemen who have examined it in regard to diagnosis. It is a case of special importance, for it belongs to a class of cases which you will frequently meet in practice, and your credit may be very much affected should you err in diagnosis and prognosis. This young girl, 22 years of age, has been sick four weeks. She was first taken with a chill, which lasted her for most of the time during one night. Immediately following the chill, or chilly feeling, she says her "chest got sore;" that this soreness extended over the whole of the chest;" that there was no more pain upon one side than the other, except when she drew a long breath, and then she felt the most pain in the left side. She had a great deal of fever at the time she was taken, but at no time cough or expectoration. Since her entrance into the hospital, three weeks after she was taken sick, she has had a slight cough, accompanied by a scanty yellow expectoration, and there has been some blood through it. Her chief symtoms, therefore, are difficulty of breathing, following the chill; fever, but accompanied with no cough and expectoration, or pain, except upon a full inspiration. Her pulse is 114, feeble, rapid, easily compressed, and the temperature 99½° So much for the history of the case.

Physical examination of the chest, for the history directs our attention in that direction, gives us the following:

Palpation.—Vocal fremitus is negative, her voice not being sufficiently strong to give any vibrations to the chest-walls.

Vocal fremitus is a very important sign, because in connection with consolidation of the lung it is increased, and where fluid is present in the pleural cavity it is absent. Hence its importance in making a differential diagnosis between pleurisy with effusion and pneumonia.

Percussion.—There is complete flatness over the posterior portion of the left lung. Over the posterior portion of the right lung the resonance is slightly increased.

Anterior, there is dulness in the infra-clavicular space of the left side, but not flatness. Upon the right side the percussion-note is about normal.

Auscultation.—Bronchial respiration is heard all over the left lung posteriorily, being heard distinctly *low down*. There are no râles present except an occasional unimportant mucous râle connected with the bronchial tubes.

Over the right lung, posteriorly, respiration is exaggerated and vesicular in character. *Anteriorly*, upon the left side no râles, and upon the right side purely vesicular respiration, but somewhat exaggerated.

These are the physical signs, and together with the history of the case present some interesting points in connection with pneumonia and pleurisy.

First, with regard to pleurisy. The fever and the pain in the side which the patient had at the commencement of the attack might indicate the presence of pleurisy, yet the pain was not sufficiently severe to warrant the conclusion that the pleurisy was the leading feature of the disease. The existence of pleurisy would not be determined, therefore, by the amount of pain which the patient suffered.

The complete flatness upon concussion over the affected side, and the absence of all respiratory sounds except along the course where the bronchial breathing is present, tells us of the existence of pleurisy. The bronchial breathing is sometimes heard in subacute pleurisy, but it is *high up* and never at the lower portion of the lung, as in this case. This bronchial breathing always means lung consolidation, and in this case being heard over the lower portion of the lung affected, leads us towards pneumonia as the cause of the consolidation. The patient, however, has had no cough and expectoration until three weeks after the accession of the disease. We usually have the characteristic expectoration of pneumonia present within two or three days after the occurrence of the chill: but in this case we have had no expectoration at all in the acute stage. The bronchial respiration, however, over the entire lung, lower as well as upper portion, may lead us safely to conclude that consolidation is present as the result of pneumonia.

There is probably no way of determining this