

*History of Recent Illness.*—From his mother it was learned that he had been well till Friday, 3rd December, when she noticed that he seemed out of sorts and said that the left side of his chest and neck were sore. That night he was restless and cried with pain in left side of chest. He also began coughing during the night. Cough was frequent and caused considerable pain. The throat was also painful during the night. No chill or rigor occurred.

*Personal History.*—Born in Montreal three years ago. Has always lived here. Has always been a healthy child. Except for an attack of acute lobar pneumonia, which involved the lower lobe of right lung in April, 1897, has never suffered from any disease.

*Family History.*—Father alive and well. Mother had pleurisy five years ago, but is healthy. Other children are well. No history of rheumatism or tuberculosis.

On admission patient was a well nourished child of average size. Visible mucous membranes of fair colour. Face flushed. Frequently unilateral flushing was noted; the left cheek was principally involved. No herpetic eruption was present. Child assumed the dorsal decubitus and lay quietly, except when paroxysm of coughing ensued. The cough was hard and dry and caused considerable pain in left side of chest. He slept well and took nourishment in fair quantity. Temperature 103°; pulse, 128; respiration, 60.

*Respiratory System.*—Respirations were short and quick. (Respiration ratio, 2—1). There was no cyanosis of face or finger tips. At times expiration was accompanied by a short grunt. The cough was hard and dry and came on in paroxysms. There was no expectoration.

*Anteriorly.*—Expansion of chest was fair, but was decidedly limited at the right apex and infraclavicular region. Expansion behind at the apex was also diminished. Local fremitus could not be elicited.

Percussion note was impaired from apex to upper border of 3rd rib anteriorly.

*Posteriorly,* note was impaired to mid scapula in left side. Note over right lung was slightly hyperresonant, but otherwise normal.

*Auscultation.*—Blowing breathing was heard over the whole of the dull area, and posteriorly a few dry rales were heard with expiration. Right lung, breath sounds normal.

*Cardiac Vascular System.*—Pulse 129, of good volume; tension high; regular in rhythm.

*Heart.*—Apex beat visible and palpable in 6th interspace. Dulness was not increased. Sounds at apex normal, at base the second pulmonary sound was accentuated.