

more rapid in the evening, 130; respirations at 60. The tongue was not dry, and in the evening he expressed himself as feeling more comfortable.

10th. This morning, at 8.15, the temperature was 99.5° ; the pulse 118, and of rather better volume. He had dozed at intervals through the night, but not having as much sleep as he wished, and he still complained of a good deal of pain. He seemed, however, quite rational. He had taken his food very well. There was no cough. The color of the lips was good; that of the finger-nails a little livid. Respirations 60 per minute. He had not taken the ammonia during the night, and he was ordered full doses of strychnine. His condition, on the whole, though still critical, seemed more comfortable, and he said that the pain was much less. About eleven o'clock he became a little more delirious, the nurse was called, and he was found perspiring profusely, and had become very cyanosed. The respirations became more rapid, he became unconscious, and within a little more than an hour from the onset of the serious symptoms death took place.

Toxic pneumonia, without cough, expectoration, or high fever. Mr. G., aged about sixty-six years, seen February 8, 1894, with Dr. Alan P. Smith. The patient was a very vigorous, healthy man, who, during the winter, had been somewhat overworked. On the evening of February 3d he attended a concert at the Peabody Institute, which was rather long, and he complained a good deal of being tired. On Sunday, February 4th, he did not take his breakfast as usual, and toward the middle of the day he had a chill, not, however, of long duration or of great severity. He complained of a good deal of pain in the back and aching in the joints and in the legs, so that it was regarded as possibly a case of influenza. He had no cough, no shortness of breath, and the fever was very moderate. He had pain across the lower part of the back, which was exaggerated on deep inspiration.

On Tuesday and Wednesday he was weak and prostrated, complaining a good deal of the muscular pains. The temperature was not above 100.5° ; the pulse was good; there was neither cough nor expectoration. The lungs were examined, but no changes were found. He seemed, however, very ill, and he had occasionally a little wandering.

On the morning of Thursday, the 8th, Dr. Smith discovered dullness at the base of the right lung. Throughout the day he became much worse, more delirious, and the pulse feebler. When I saw him late in the afternoon the pulse was 132, the beats irregular in volume and intermittent. The heart-sounds were clear, but had a somewhat foetal rhythm. The skin was moist and he was sweating profusely. The tongue was dry. He had been wandering a good deal, but he talked to me rationally. The lungs were clear in front; behind over the middle of the scapula there was flatness which extended as far as the posterior axillary fold, with tubular breathing and numerous râles. There were no râles at the base of the other lung, and the respirations were only 28. There was not, nor had there been, any respiratory distress.

The abdomen was not distended, the spleen not enlarged. There had been from the start neither cough, nor expectoration, nor had there been any special dyspnoea. The patient had had an objection to stimulants, but he was ordered at once whiskey and brandy in full doses, ammonia, and for twenty-four hours moderate doses of digitalis.

Throughout the night his condition improved materially and on the morning of the 9th the pulse was 98, regular, full, and of fair tension.