

the expectoration became profuse and very foetid, accompanied by severe pain. Examination shewed signs of cavity in left apex in front. Sputum not reported on, breath horribly foetid. Patient died 24 hours after admittance.

*Autopsy*:—Gangrene of both lungs, putrid pleurisy, dissecting pneumonia.

*Case IV*:—Male, aged 56. Service of Dr. Finley. No history of alcoholism; no definite onset. Examination revealed dulness and rales at the left base posteriorly, sputum muco-purulent, greenish, very offensive, typical three layers, no report as to elastic tissue. Treated with inhalations of creosote and discharged improved.

*Case V*:—Male, aged 38. Service of Drs. Lafleur and Armstrong. He was a hard drinker and subject to fits. Six months previous to admittance, following a prolonged spree, he developed a severe pain in the side and began expectorating blood-stained greenish sputum. The present writer saw him in the out-patient department and made a diagnosis of gangrene of the lung. He was transferred to the ward where the sputum was collected, and measured 20 to 25 ounces in twenty-four hours. It was characteristic in appearance, but there was no elastic tissue or tubercle bacilli. On examination a dull area over the left lung behind the 5th to the 8th rib with signs of cavity and friction rub. The temperature ranged from 101 to 103½. He was transferred to the surgical service and a cavity opened measuring 2½ by 2½ inches, with smooth walls opening into a bronchus from the upper corner. The pleural surfaces were adherent. The cavity was drained and the patient made an excellent recovery.

The clinical history points to this being originally an aspiration pneumonia, his habits being such that this might occur. The absence of elastic tissue and the smooth walls of the cavity suggest bronchiectasis, but the gangrenous odour of the sputum, the fever and the pleurisy point to its being gangrene.

*Case IV*:—Male, aged 33. Service of Drs. Molson and Armstrong. Patient an alcoholic, onset of illness ushered in with chills and rigors. Two months after this he had chills with profuse perspiration and foetid expectoration. There were signs of consolidation in the right lung, but difficult to localize. The sputum had a gangrenous, offensive odour and contained elastic tissue. The patient was transferred to the surgical service and a rib re-sected, and exploring needle withdrew air and fluid from the pleural cavity. The pleura was not opened and the patient left the hospital well.

*Case VII*:—1903. Female, aged 36. Service of Dr. Blackader. Eight weeks previous to admittance condition began as a severe cold