

of 32. Next morning she was again injected with 10 c. c. of antipneumotoxin, her temperature then being 104.2° , pulse 113, respiration 32.

As happened after the first injection, very little change in her condition was apparent at the evening visit, when her temperature was 104° , pulse 108, respiration 32. On Feb. 7, twenty-four hours after the second injection, her temperature was normal, pulse 70, respiration 18. From this time on, her convalescence was uninterrupted, and on the 12th of February she was discharged.

I am indebted to Dr. Louis F. Frey for the following notes of a case in his practice, together with Dr. Stokes' report upon the sputum:

W. S., driver of an express wagon, had a chill on the afternoon of January 30, followed by fever, headache and pain in the chest and abdomen. I saw him for the first time at 9 o'clock in the evening of January 31. He had a temperature of 103° , pulse 120, respiration 38, cough and rusty expectoration. The physical signs were moderate percussion dullness, increased vocal fremitus, and fine crepitant and bronchial rales on the left side.

"He was put on five-grain doses of carbonate of ammonia. On the following morning he was no better, his temperature having risen to 103.6° , pulse 138, respiration 40; at 4 p.m. his temperature was 103.8° , pulse 140, respiration 42. At this visit I gave him 20 c.c. of antipneumococcic serum. At 10 p.m. temperature 103.6° , pulse 102, respiration 28, headache and pain better, but percussion dullness much increased. A second dose of serum, 20 c.c. was injected. At 9 a.m. on the following day (February 2), temperature 99, pulse 76, respiration 28; next morning his temperature was 98.4° , pulse 70, respiration 23, and he had slept well during the night.

"Up to this date (February 14) his temperature has remained normal, and he seems well, but I have not yet permitted him to go out.

"Two specimens of his sputum, submitted to Dr. Wm. R. Stokes, were reported on as follows:

"February 1, 1900.—The sputum shows a dusty light-brown color, and is streaked with blood. Fresh examination shows areas where the red-blood corpuscles are in excess when compared with the pus cells, and other areas where the pus cells are greatly in excess. Specimens stained with Stirling's gentian violet show a few typical pneumococci, with unstained capsules, but no organisms are seen inside the pus cells. There are also present numerous large cocci and a few bacilli.