nexpected sudted with accus choking with he heart beats d burst. The e blood-vessels is soon loaded

lady, residing in I her in complete were as cold as a ere cold, and this ere so filled with orn-out with tryexhausted. The ch we owe to the The death-like f the pulmonary espirations suctimes, and dis-

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case, of such a on. We found are quite certain on hour an enor-

d, acute conhours. As a k, and very disease and is recognized at instituted ory. If the l stage, then recovery, if it takes place at all, will be slow and imperfect. But if the disease is not recognized at all, and the number of unrecognized cases is literally legion, then the patient runs great risk of his life.

In any case a chronic congestion may supervene, and in time the condition will closely resemble pulmonary consumption.

A favorable sign is a copious expectoration of a watery, frothy nature, and an increased secretion of urine is a good omen. I have seen relief follow a small hemorrhage, which disburdens the distended blood-vessels, but this is often followed by a chronic congestion.

The temperature is but little elevated, rarely exceeding 101°, or at most 102°, and indeed one of the chief distinctions between this morbid state and inflammation of the lungs is the high fever which is part and parcel of the latter. In very many cases the temperature is below the normal, especially towards the close of the illness.

On examining an ordinary case of congestion of the lungs with the stethoscope, it will be found that the breathing is rough, with, perhaps, a little additional mucus in the lungs. This is the state at the beginning, but further on the ordinary respiration is almost completely abolished in the congested parts. Indeed, feeble breathing is the most important physical sign of all the forms of congestion of the lungs. In the words of Cammann, the inventor of the double stethoscope, "the lung contains more blood and less air than normal."

On post-mortem examination the lungs are found to be redder than natural, and they certainly contain more blood. At times you find minute hemorrhages into the substance of the lung, but this chiefly when the congestion is local and severe. As a rule the mucous membrane of the bronchial tubes is injected.

Inflammation of the lungs is almost the only disease with which congestion of the lungs is at all likely to be confounded; but in pneumonia the access of the disease is gradual, while in congestion of the lungs the attack is sudden. In pneumonia cough is frequent and constant; in congestion of the lungs it is