

men. Indeed, the gynæcologist would find that it would amply repay him to inquire into the Hebrew customs, regulations, etc., with regard to obstetrics.

And now that I am bringing to a close this short (yet long) essay, I repeat that in no part have I attempted to unduly influence the reader, beyond letting him give his own decision of the facts as related and discussed. He will see that my attempt has been to still further fortify the truism, "An ounce of prevention is worth a pound of cure."

BRONCHIECTASIS WITH BACILLUS INFLUENZÆ—REPORT OF TWO CASES.

BY

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The following cases have been under the care of Dr. W. Molson and Dr. G. Gordon Campbell during the past few months.

These cases are not brought forward as illustrating any new clinical or bacteriological phenomena, but because they are well-marked examples of a condition which perhaps is not sufficiently borne in mind by the majority of practitioners.

Case I.—G. B., aged 45. Indefinite history of "grippe," severe cough and expectoration; signs of pulmonary consolidation and cavity, fever, sweats, no tubercle bacilli in sputum. *B. influenzae* in sputum. Progressive weakness and emaciation; death after six weeks' illness. Autopsy: anatomical diagnosis—bronchitis, bronchopneumonia, multiple miliary abscesses, bronchiectasis.

Patient, a Russian, admitted to the Montreal General Hospital, April 13, 1907, complaining of pain in left side and epigastrium. cough and expectoration, weakness and loss of appetite; no headache, no vomiting. For weeks before admission the patient had suffered from above mentioned symptoms and had been unable to work. He is poorly nourished and prostration is marked; skin moist, sweats frequent.

Respiratory system:—Patient suffers from severe cough and very profuse, foetid, yellowish green, watery purulent expectoration. The cough is more marked in the morning and upon change of position, especially when patient turns from his back to his right side cough is at once induced with the expectoration of a large quantity of characteristic sputum.

Chest:—Very emphysematous; expansion poor and limited. Over the left lung posteriorly from the fifth rib down, the percussion note is