

A compilation of statistics give 80 per cent. mortality when treated medically, 40 per cent. when treated surgically, medical statistics including those unfit to withstand operation. Withington gives 16 per cent. of recoveries, including both diseases.

The cases now reported were treated medically with stimulating and supporting treatment, inhalation of formaline 1-3000, eucalyptus, creosote and lerbene, with creosote given internally in dose of 10 minims, three times a day, and a mouth wash of permanganate of potash.

*Case I, 1893.*—Service of Dr. Wilkins: Male, aged 25. An alcoholic subject. He had been ill six months before admittance. Three weeks before coming to the hospital he had recurring chills. On examination, dulness over the left apex in front and behind was found, and signs of cavitation with friction rub. The expectoration was profuse, thick and bloody. There is no report as to the microscopical examination of the sputum. He was treated medically, and died ten days after admittance.

*Autopsy.*—Anteriorly in middle zone of upper lobe a large gangrenous cavity was found with reddish-grey pus communicating with a bronchus; pleura thickened, and adherent over cavity. In this case the diagnosis had to be made from the autopsy report.

*Case II.*—Male, aged 47, marble cutter, 1894. Service of Dr. Finley. He had been in the hospital twenty years previously, for four months with cough and expectoration. Four months previous to admittance, after exposure to cold, the cough was increased and the expectoration became foetid, accompanied by chills and fever. On admittance patient was very weak. The right subclavicular area was dull, with signs of cavity on the left side. A dull area at back from fourth to ninth dorsal spine was found with signs of cavity. Characteristic sputum, 10 to 15 ozs. a day, three layers, greenish, with elastic tissue. Mixed bacilli, and stearic acid crystals; no bacilli of tuberculosis. The odour of the sputum, and the patient's breath was indescribable, the present writer remembering it well, being house physician at the time. He had daily chills. Temperature 96 to 103.4-5. He was treated with inhalations of creosote and a carbolic spray used, but the patient failed rapidly and died ten days after admittance.

*Autopsy.*—Firm pleuritic adhesions were found, with a small gangrenous cavity in the right apex. In the lower lobe, behind, a small cavity was found, surrounded by a consolidated area.

The history of this case, from its chronic character, suggests bronchiectatic cavities originally, becoming gangrenous later on.

*Case III.*—Female, aged 39, 1897. Service of Dr. Finley. Patient gave a history of inflammation of the lungs. A year following this