

of left portion in front. There was some vesicular murmur audible on lower portion of back, but of a moist character. Left upper side subcrepitant râles on summit, lower portion normal; expiration a little sharper. Pulse 128 at rest; decidedly hectic; parents both healthy and living, but several brothers delicate. Patient could walk but very slow and with difficulty. As the case was decidedly a desperate one, and liable to die at any time, I took the precautionary measure to have him re-examined by one of the most distinguished physicians of New York, who gave his opinion that the patient was beyond the hope of any possible recovery. I then treated the case with the following result: for the first two months he made no perceptible progress, except that he obtained better sleep and became livelier. In September his pulse began to fall, and he improved visibly. In order to reach my office daily, he had to travel twenty-four miles by railroad and a mile to walk. He improved so that he walked three or four miles daily when at home, besides his thoracic exercises. His pulse began to fall from 76-78. In February it began to rise somewhat, and the patient complaining of soreness in his left thorax, made me suspect an abscess ready to open, and he removed temporarily to the Windsor Hotel. After a few days the abscess opened, and he discharged a large quantity of pus. To my surprise this did not affect him so seriously as it generally does, but he soon felt so much better that I permitted him to go home again. Pulse back again to 78. The large cavity left could easily be diagnosed, which, with the already existing smaller cavities, comprised an area from the clavicle down to the nipple. The tissues existing between these cavities I hoped to save for cicatrization. The patient, meanwhile, remained about the same, not well enough to do business and too smart to do nothing; the right lung progressing well all the time. Spending the summer with me in Nantucket, Mass., he left a week in August for New York City to meet his father, who had just returned from Europe, and to have a good time generally. He returned to Nantucket somewhat used up, but still his physical signs were about the same; pulse 96. Thinking that I could make a change for the better I allowed him to travel over the White Mountains, regardless of weather, which he did in September, consuming about three weeks. He enjoyed his trip very much, but returned changed for the worse. His lips and nails, which were rosy and bright, looked bluish; his pulse 112, and very feeble. Examination showed that the cavities in the left lung had coalesced. Right lung in perfect order; respiration vesicular throughout and dry; only in upper portion respiration prolonged and audible. The patient travelled his twenty-four miles every day to reach my office; his pulse is 80 in bed; 104-112 in day-time; appetite and digestion perfect. The case is an extremely painful one, demonstrating the good effect of treatment in one lung and its utter helplessness in the other one. This patient finally succumbed to the disease.

Mr. Alex. W.—, bookkeeper in Bank of Lansingburgh, 26 years old. I saw the patient while in Albany. He had been sick about two years, trying in vain different modes of treatment. Besides being lung-sick, he had chills and fever for two months, for which he had been in Brooklyn, but failed to get rid of them. I saw him in May, 1878. Examination showed the left upper lung very dull on percussion. Respiration bronchial, with mucous râles. Subcrepitant râles in lower left lung. Right lung less dull on percussion, with some mucous râles, but with subcrepitant râles in both upper lobes. Pulse 145; very weak. Epigastrium painful, abdomen hard and dull, digestion completely out of order, severe night-sweats; hectic, with bluish lips and nails. I ordered a dose of sulphate of soda, followed next day by a dose of the juice of twenty lemons, with hot-water sheets applied an hour previous to the chill. This arrested his fever and chills at once, and he came to New York. His pulse was 140, and he was so weak that he was unable to walk four blocks. His cough and looks alarmed the guests and landlord at the hotel in Nantucket, who thought he had been brought there to die. He soon picked up, however, and in February, 1879, he walked over 200 miles. Although not quite well he left me in June, with the understanding to spend the summer in Nova Scotia, at the seashore, instead of which he remained at home in Lansingburgh, doing business. The result was a return of the chills and fever, for which he was in New York a few days ago to consult me. I advised him to go home again to apply the hot water until the epigastric pain had gone. Of course, he does not look so well as he did in the spring, but, with some attention on his side, he will soon make up again. His pulse has been all along to 58 to 60, when quiet; since the fever, it has, of course, been higher, varying from 80 to 96.

Mr. Geo. W. Sh.—, from Albany, came to me through Drs. Bailey and Curtis, in June, 1878. Examination showed a moderate dullness of both summits to third rib on right and fourth rib on left side, with subcrepitant râles. Pulse 80; no complications. This case made very rapid progress, gaining six pounds in weight, under somewhat severe exercise in two months. Instead of remaining with me until Christmas, when I promised to dismiss him as cured, he felt well enough to discharge himself.

Mr. J. Watson A.—, 30 years of age, from Fishkill, N.Y., a merchant, came under my treatment in August, 1878. He had a very moderate dullness over both upper lungs, with bronchial mucous râles and moist crepitation. Pulse 76. This, I considered, was quite a curable case. He left me suddenly after two months, just when the case worked to my full satisfaction. I did not see him again until this last summer, when he had apparently failed very much. Since October 1st he has been my patient again. The dullness now is quite perceptible; his pulse 104 to 112, and I am apprehensive of the formation of an abscess.