

James Stewart, to whom, and to his house physician Dr. McElroy, I am indebted for the notes of the case.

From these notes, the condition on admission was one of great dyspnoea with cyanosis of the face and finger tips and some puffiness of the eyelids and the feet. The temperature was 103 degrees, pulse 126, respiration 36. Ever, where in front, moist coarse rales were to be heard: behind, below the angle of the left scapula, the note was impaired, and in this region also coarse moist rales were to be heard; with this there was blowing breathing, not very powerful but distinct. The pulse was weak and irregular both in volume and rhythm. The urine was cloudy, acid, specific gravity 1016, no sugar. A dense ring of albumin was given with presence of hyaline and granular casts.

The patient died a few hours after admission, her condition being such that it was impossible to take full notes.

The patient had a rather short neck with much fat, perfectly symmetrical, and for this reason doubtless neither her attendant, prior to her admission to the hospital, nor the house physician in the hospital, had their attention called to any signs of goitre. The diagnosis in the presence of this blowing breathing, with the dulness at the left base, and with the history that this dulness and the pyrexia had only shown themselves within the last few hours, was difficult; in fact, no definite diagnosis was made, but it was suggested that there was a beginning lobar pneumonia of the left base.

At the autopsy which took place fourteen hours after death, the upper lobes of both lungs were found apparently quite normal and crepitant, there was no emphysema, nor were there any special signs of peribronchitis or of fibroid change such as would have been expected in a case of true asthma. There was some slight bronchitis with thin mucous fluid in the bronchi, sufficient to account for the moist rales which had been heard over the upper portion of both lungs. The lower lobes of both lungs showed a symmetrically great congestion with œdema, affecting all parts save the more anterior portions. On section, while these lower lobes were heavy and greatly congested, they were not hepatized. Slight crepitation could still be obtained, even the densest portions still floated; the section appeared perfectly homogeneous. The œdematous exudation and the cultures both gave diplococci, but not in very great abundance. From the symmetrical nature of the œdema and the general appearance, the conclusion reached was that here was not a condition of acute croupous, but one of hypostatic pneumonia. The condition of the heart and the lungs did not in themselves seem sufficient to explain the cause of death; this, however, was found upon examining the neck organs