amount of quinine and stimulus in moderation.

The physical signs would be of interest, if I could demonstrate them to you. There has been, throughout the course of the case, low down on the right side, an area of unusual clearness on percussion, almost tympanitic. There was pseudo-tympany like that which is constantly found over a portion of the lung when the remainder is compressed by a pleural effusion, and which we sometimes find over the upper part of the lung when the lower part has become solid. The alteration of the tension of the vesicles, and in the pressure of the inspired air, give rise to a modification of resonance closely simulating that found over a cavity. To this modification, the name pseudo-tympany has been given to distinguish it from true tympany.

I indicated to you, in this case, the unusual distribution of the pneumonia. It began at the apex, and extended through to the back and downwards, until, perhaps, three-fourths of the right lung was involved, the lower part of the lower lobe in front remaining unaffected. It began as an apex pneumonia, the posterior part next became affected, while the anterior part of the lower lobe remained intact. By far the majority of cases of pneumonia, present affection of the lower lobe, and in the majority of cases it remains limited to the lower lobe, but in a large number of cases, the disease extends from the lower to the upper lobe, and the whole lung becomes affected.

There are peculiarities about apex pneumonia to which I shall refer. It is far more common in children than in adults, and this occasionally leads to pneumonia in children being overlooked, from the failure to study the whole lung and the restriction of our attention more particularly to those points in which we are more apt to find consolidation in the adult. Not rarely little children will have true croupous pneumonia, running through its stages, and terminating just as we see it in the adult, but limited throughout to the upper portion of one lung. Let me, in this connection, impress upon you the fact that there appear to be closer cerebral sympathies with this type of pneumonia than with the common basic pneumonia, and that partly because the nervous system of the child is extremely susceptible, and partly from the reason that I have mentioned, there is apt to be developed cerebral symptoms of a marked type, so that this is known as the cerebral form of pneumonia, and these nervous symptoms are apt to still further obscure the recognition of the inflammation of the lung, and these cases are apt to be treated as cases of tubercular meningitis, or simple meningitis, and the pulmonary condition not recognized. In children with nervous symptoms, if cough or chest pain is noticed, the chest should be examined with extreme care, front and back, from top to bottom. In these cases cerebral symptoms of the most alarming character may be present and pass away as the pneumonia diminishes.

Apex pneumonia is more common in young adults than it is either in children or mature people. It is apt to occur in those disposed to phthisis. There is trouble in securing complete resolution in such cases, which are apt to run into a sub-acute form and eventually develop into phthisis.

Again, apex pneumonia is met with under the influence of constitutional disturbances; thus, when pneumonia appears as a complication of malarial fever, I have often seen it involve the apex. In typhoid fever, I have seen the inflammation involve the apex more frequently than is the case in frank, idiopathic pneumonia.

These are the three most important peculiarities of apex pneumonia: In the first place, its occurrence in a somewhat obscure form in children being associated with marked cerebral symptoms. In the second place, its disposition to be followed by phthisis, and in the third place, its existence as complication of some general specific disease.

I cannot say that syphilitic pneumonia, by which term I mean something different from pneumonia in the syphilitic, for those who have constitutional syphilis may have a frank pneumonia in the same way as one free from that taint, while, on the other hand, there is a special form of pneumonia which may be called syphilitic pneumonia, which is a syphilitic affection of the lungs with the infiltration of the tissue of the lungs with a special plasma, rich in ephithelial cells, preventing, by its large amount and by the pressure which it exerts on the alveoli, the proper circulation of the blood, and giving rise to hepatization, which is very pale, dry and friable, being made up largely of epithelial elements. I cannot say that this syphilitic pneumonia especially involves the apex. It is as likely to affect the lower as the upper lobes.

I have already stated that there is in the present case an area over which pseudo-tympany is heard on percussion. In addition to this careful percussion will develop at about the third interspace, a cracked pot sound. This is not to be attributed to a cavity, for none of the lung tissue has broken down. It is dependent on the fact that there still remains, at a considerable depth, infiltration and partial consolidation in the neighborhood of a large bronchial tube. This condition is similar to that which is present when there is a small cavity. By placing the body against a firm support, and percussing with more emphasis than usual, we communicate a shock to the air in the cavity, and express a part of it from the bronchus, giving rise to the peculiar chinking which is known as the cracked pot sound. The same thing may be produced in certain conditions of partial consolidation in the neighborhood of a large bronchial tube, particularly if the ribs are at all flexible. The presence of this sound is one of the things that disturbs me in reference to this case, for it shows