

cope, two other sounds were heard; first, that friction of the opposed pleural surfaces, now in the incipient stage of inflammation, and secondly, a moist crackling, one from local pneumonia, caused by laceration of the lung tissue by the jagged ends of the ribs.

He is ordered calomel: gr. j, antimonii tartarizati gr. $\frac{1}{4}$ every third hour; to be cupped under right nipple, and to be put on milk diet. Tongue dry and furrowed; pulse 108 per minute.

16th.—His feverish state, the pain which he constantly suffers, and the great embarrassment in the respiration, prevented him from sleeping more than a few minutes at a time during the night. From his inability to cough large quantities of mucus accumulate in his bronchial tubes, and produce a most painful sense of titillation. What he does expectorate is thick and tenacious, somewhat puriform and intermingled with a few specks of blood. The right side is dull on percussion. Sibilant râles abound behind on the right side, and with them a valvular click is heard at each respiration. A gurgling sound is occasionally heard over the position of the injury. All of these may be indicative of an inflamed state of some of the smaller and larger bronchi, with accumulation of mucus.

Friction sound more of a rubbing character than it was yesterday, but it changed somewhat during the day. Tongue moist and pretty clean, tip quite red. Urine sherry coloured.

The injured side of his chest was confined (after Hannay's method) with pieces of strong adhesive plaster, passing from the medium line behind to the same in front, and imbricated on each other until the whole was covered.

17th.—Slept pretty well last night, but not long at a time. Does not feel so feverish; tongue not dry, but still covered with a dirty coat. Skin moist. Bowels open. Urine abundant, slightly reddish, with a diminution of chlorides, and containing a little uroanthin.

Pulse 80 per minute, full and forcible. Respirations 23 in the same time. Temperature in axilla, after allowing mercury full time to rise, 101.5 F. Observations taken each day at noon.

From the position and thickness of the plaster on his side, exact physical examination is prevented, but still the friction sound can be heard. It does not differ materially from that of yesterday. The patient now experiences no oppression or difficulty in breathing, the pain being altogether latent, so that he does not suffer except when he is compelled to cough or take a full inspiration. The irritation in his throat is less, and the expectoration is purulent in streaks, with a few specks of blood.

18th.—Patient slept somewhat soundly last night, and seems in every