

order to promote expectoration, I put him on oil of turpentine in fifteen minim doses in mucilage of acacia, cinnamon water and water three times a day.

R Ol. terebinthin., - - ʒiii
 Mucilag. acac., - - q.s.
 Aquæ cinnamon, - - ʒss
 Aquæ q.s. ad, - - ʒvi

S. Take a tablespoonful, well diluted, three times a day, But as it produced nausea, I changed to the iodide of potash. with muriate of ammonia dissolved in brown mixture.

R Ammon. muriat., - - ʒii
 Mist. glycyrrhiz. co., - ʒiv
 et adde
 Potass. iodid., - - - ʒiii

S. Dessertspoonful, well diluted, three times daily.

This seemed to remove the mucus, but the dyspnœa still continued, and the râles, though dryer, were just as audible as before.

Dr. Fraser's article on "Dyspnœa in Bronchitis" having just appeared (*American Journal of Medical Sciences*, Oct. 1887), it suggested itself to me to use the nitrite of sodium, which resulted in removing much of the dyspnœa. During the whole time the sputum was examined for bits of slate dust or pigment laden cells; but they were not found. His diet was regulated and his bowels kept open. The urine was tested before turpentine was given, and albumen was found. It disappeared later.

A few weeks after he entered the hospital the sputum was examined for tubercle bacilli, not because I expected to find them, but because I had made it a habit to examine the sputum for them in every chronic case. They were found in abundance. Specimens of sputum were examined with care at short intervals, and the bacilli were always found, and in large numbers. This surprised me, as I had not thought it tuberculous, and had given a favorable prognosis. Now, however, I feared a bad prognosis. Notwithstanding this, he continued to improve under tonics, and returned to Wales in the spring. I have heard from him within