

30th.—Dulness in lower apex is present. True bronchial breathing is hardly to be heard. Very occasional moist râles. Particularly evident in infra clavicular fossa. 0.020 c. c. injected; slight reaction. Vital capacity 2200 c. c. Sputum 40 c. c.

Dec. 2nd.—0.025 c. c. injected. Sputum 30 c. c. Catarrh of larynx receding and ulceration no longer evident.

3rd.—Anterior pillar very red and shows large number of whitish spots, which Gerhart considers herpetic.

4th.—0.030 c. c. injected. Temp. 38.1°. Sputum 20 c. c.

5th.—Vocal cords greatly injected and ulceration more evident.

6th.—0.040 c. c. injected. Temp. normal. In four preparations, no bacilli found. Sputum 20 c. c. Patient feels well.

10th.—0.060 c. c. injected. Sputum 20 c. c. Exanthemata of face. Vital capacity 1950 c. c.

12th.—0.070 c. c. injected. Percussion note on left side is hardly distinguishable from right. Bronchial breathing not heard; occasional râles. Sputum 20 c. c.; evident reaction. Bacilli few, in one specimen.

16th.—0.080 c. c. injected. Sputum 10 c. c. Feels very well.

Weight, Nov. 18th.—63 kilos. Dec. 16th.—66 kilos. Urine shows no albumen. Night sweats entirely gone. Sputa very scant. Small ulceration on third tracheal ring noticed.

1890. CASE III.—Seamstress, æt. 19. Entered hospital Nov. 17th. Mother died of tubercular pleurisy; father died of accident; one brother alive and healthy. Lost four members of family from phthisis—three sisters and one brother. As a child, had measles and diphtheria; never scrofulous. Menses regular since fifteen years. No abortions or childbirths; anæmia for five years. Felt well, and did general housework till two years ago, when she began to work as seamstress. For one year had pain in right chest; since then, also cough—dry and hacking—but no expectoration. About ten weeks previous to entrance, had an affection of lungs, lasting eight days, with high fever, right pneumonia. Since then cough has greatly increased, expectoration set in, and night sweats. Never had hæmoptysis, and previous to Sept., no night sweats. Appetite poor.

Complains of extreme general weakness, loss of

appetite and pains in right chest, cough and expectoration. Suffering expression of face, weakly built, small woman. Skin white, anæmic, not dry; had no exanthemata. Conjunctiva and lips anæmic; tongue coated. No infiltration of glands; slight dyspnoea. Apex of left lung, anteriorly, was two fingers' width above clavicle; right apex, anteriorly, one finger above clavicle. Dulness of right apex extending to fourth dorsal vertebra, posteriorly. Left apex had harsh vesicular breathing, with sonorous râles; right apex showed distant bronchial breathing and many moist râles, and occasional metallic click. Over left clavicle, dulness, and here, too, slight bronchial breathing. Right apex consolidated to second rib. Right side, below clavicle, shows tubular breathing and râles. Right lower limit of lung shows no movement on respiration. Heart normal, with systolic, anæmic murmur. Spleen normal. Laryngoscope shows no change. Bacilli found in large numbers.

Nov. 24th, 10 a.m.—0.002 c. c. Koch's lymph injected between shoulder blades. 5 p.m.—Chill, pain in right chest increased, nausea, headache, dizziness and vomiting. 6 p.m.—Temp. 39.5° C.; resp. 24; pulse 120. Sputum is increased, but not the cough.

25th.—Pain in chest, but feels well otherwise. Both arytenoid bodies show discoloration. Afternoon temp. 39°.

26th, 11 a.m.—0.005 c. c. injected. 12.30 to 2 p.m.—A chill. 4 to 5.30 p.m.—An intense chill; nausea, and tendency to cough; expectoration doubled, and more mucous; no sweat, feverish. Lungs—dulness increased three fingers' width. Right anterior apex very dull, and tubular breathing and consonant râles also anteriorly.

27th.—Lungs like the day before; expectoration increased.

28th, 9.30 a.m.—0.008 c. c. injected. Dulness on left side one centimetre deeper than on previous day. Tubular breathing does not extend down as far as dulness. No change in larynx. At night, retching and vomiting.

29th.—Left apex shows vesicular breathing, no consonant râles, and dulness is less extensive by several centimetres than on the 26th.

30th.—Bronchial breathing over left apex anteriorly, to-day, is not to be heard, but harsh and vesicular; no consonant râles. Dulness receding. 10 a.m.—0.001 c. c. injected. 4 p.m.—Chill and