AMBULATORY LOBAR PNEUMONIA.

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This case is of interest mainly from its rarity, the disease itself presenting no unusual features. In hospital practice, where the great bulk of patients comes from the poorer classes, it is not unusual to meet with acute pleurisy with effusion in the out-patient department. Several times I have been consulted for "shortness of breath and slight cough" of a few days duration and found one pleural cavity almost completely filled with fluid. Pneumonia, or at least that form which sets in abruptly with a severe chill, met with during adult life is extremely rarely encountered in an out-patient hospital practice. The following are briefly the particulars of the case.

N. M., aged 49, born in Ireland, a wood carver by trade, came to the Out patient Department of the Montreal General Hospital on Oct. 23rd, 1896, complaining of cough with slight expectoration and general malaise. Inquiry into the history of the disease revealed the fact that it had been induced by a severe wetting which he got on Oct 18th. On the morning of the 19th he rose as usual at 4 a.m., but shortly after had a severe chill lasting one hour and followed by pain in the side. During the day he took to bed and at night cough and expectoration set in. During the following day, Oct. 20th, he remained in bed, but on the 21st got up and sat about the house "not feeling" as he expressed it "quite able to go to work." On the 23rd feeling that he was not improving he came to the hospital, a distance of over a mile from his home and walked a part of the way.

The personal and family history contained nothing of interest. He had been a hard drinker in his early manhood but had been temperate for a number of years.

On examination the temperature was found to be 101.5°, the pulse 120. The right lung showed dulness from the spine of the scapula down, and at the side and front, corresponding very closely with the lower lobe. Over the dull area there was intense dry blowing-breathing and broncohphony. The vocal fremitus was slightly if any increased. A diagnosis of acute lobar pneumonia was made and the patient advised to remain in the hospital. To this however he

[1] Read before the Montreal Medico-Chirurgical Society, Nov. 20, 1896.