

first on Sunday night, which lasted for only a short time, the second early this morning, at about 3.30, and the other about an hour ago. I found her in the following condition:

She lay on her back with the eyes open and fixed; the pupils small, and did not react well to light. The color of the face was fairly good; the lips red, not cyanotic. She did not reply to questions and seemed completely oblivious to her surroundings. The respirations were hurried, 40 to the minute. The appearance was rather that of a nervous or hysterical attack than of severe collapse. At first she did not look very ill, except that the sockets of the eyes were rather dark and a little sunken. The face, however, was not at all pinched. The pulse was 132, small, and easily compressible; when first felt it was quite regular. She had just been given a hypodermic injection of a drachm of brandy, and she was ordered hypodermics at once of ether and strychnine. I remained about half an hour, during which time she changed remarkably. The unconsciousness persisted; she moved the mouth somewhat, and it twitched a little. The limbs were motionless. The heart-sounds at first were perfectly clear and distinct, without murmur. Gradually they became feebler; the pulse rose to 140, was small, and beats were occasionally dropped. The color of the hands was at first good, the nails alone perhaps a little cyanosed. Gradually there was a suffusion of the fingers and then of the hands, and within less than half an hour after I saw her the pulse could not be felt at the wrist, and the heart-sounds were extremely feeble—only just audible. The respirations did not materially increase, but they became a little noisy, and her face changed somewhat in expression. It really looked as if the end was imminent.

P. S.—It was; she died at 2.30 P.M.

Mechanical interference with respiration or circulation is a very much less frequent cause of death. The interference may be the gradual exclusion of the air, by the filling up of the follicles, or the capillaries in extensive territories may be compressed. These factors occur together, and the depressing element of great loss of blood-serum, upon which Bollinger lays stress, must also be taken into account.

Very large areas of the breathing-surface may be cut off without seriously disturbing the cardio-respiratory mechanism. In no way is this more strikingly shown than by the condition of the patient after the crisis. On one day with a lung consolidated from apex to base, the respirations at 60 to 65, the pulse 120, and the temperature between  $104^{\circ}$  and  $105^{\circ}$ , the patient may seem in a truly desperate condition, and it would appear rational to attribute the urgent dyspnoea and the slight cyanosis to the mechanical interference with the interchange of gases in the lungs. But on the following day the dyspnoea and the cyanosis may have disappeared, the temperature is normal, and the pulse-rate greatly lessened, and yet the physical condition of the lungs remains unchanged. We witness no more striking phenomenon than this in the whole range of clinical work, and its lesson is of prime importance in this very question, showing that the fever and the toxins rather than