

râles, cavernous breathing and voice over the dull region. Or, if *Empyema with bronchial communication* were present, in addition to the signs of *Empyema* just mentioned, there would be in all probability those of hydro-pneumothorax, viz., splashing sound on shaking the thorax; marked dulness inferiorly with tympanitic or increased clearness superiorly on percussion, the sites of these phenomena changing with change of posture; amphoric respiration, metallic tinkling, and amphoric voice with metallic echo. I need not remind you that although there was dulness at the lower part of Doyle's left chest, there was no increased clearness at its upper part, nor did the dulness alter its situation when the patient's position was changed;—that in the dull region, although on its confines respiratory murmur was feeble, yet mucous râles were there audible, and towards its centre gurgling, pectoriloquy and amphoric respiration without metallic tinkling; there was no displacement of the heart, nor widening with protrusion of the intercostal spaces.

3d. The fact asserted by Dr. Law in 1829, (1) that the extravasated blood of *pulmonary apoplexy* or of *bronchial hæmorrhage* occasionally undergoes putrefaction and is a cause of fœtid pulmonary exhalation and expectoration, is now admitted by many pathologists, although Dr. Stokes is probably correct in regarding it as a rare event. That such was not the nature of Doyle's case follows from his positive and distinct statement that the fœtor preceded the hæmoptysis by two weeks.

4th. Is it then an instance of *pneumonic abscess*, the fœtor being due either to local sloughing of the walls of the abscess or to putrefactive changes in its contents? I think not; because in our case the fœtor occurred very early and before sufficient time had elapsed for the formation of abscess, viz., on the fourth day after his severe wetting. Indeed so early is the fœtor often perceptible in gangrene of the lung, that the eminent authority last named is of opinion, that "the disease at first is essentially one of secretion," and the fœtid "fluid is originally poured out in a putrid condition." (2) Rare too as is pulmonary gangrene, abscess of the lung, the consequence of pneumonia is a yet less frequent morbid condition, and *a fortiori*, sloughing of such an abscess. The *profuse hæmoptysis* from which our patient suffered two weeks after his exposure, is, in my opinion, rather favourable to the idea of gangrene than of fœtid abscess; for clinical facts prove, as I shall presently show you, that this symptom has been frequently observed in the former affection, while so far as my researches have been prosecuted, they teach

(1) Trans. College Phys. Dublin. N. S. Vol. 1,

(2) Dub. Quart. Journal, Feb., 1850, p. 11.