

sputum; apex beat inside nipple line, heart sounds clear, pulse good, though moderately fast, no abdominal tenderness, liver occupying normal limits, spleen not palpable. In the evening patient had a temperature of 107.2 deg., with severe chill, followed by profuse sweating, while the next morning saw the temperature at 97.2 deg. These septic symptoms kept up till Sunday before any localizing signs showed themselves. On that day he complained of pain in the right side, and examination showed a friction rub, just below the right nipple, with comparative dullness over the right base posteriorly. Breath sounds were suppressed, but expiration had a tubular quality, vocal fremitus markedly increased, and a few moist small râles over the dull area. Blood examination demonstrated a leucocytosis of 14,800, with 90 per cent. of polymorphonuclears; uranalysis normal; widal negative, diazo negative. The next day produced a flatter note over the right base; pus was found by the hypodermic needle, and smear examination showed the presence of diplococci. There was now slight bulging of the right side posteriorly, with a flat note as high as the sixth interspace; pain had gone, but respiratory embarrassment remained.

On January 10th a general anesthetic was given, and three inches of the seventh rib removed. About a pint of greenish, evil-smelling pus obtained; drainage put in, and free stimulation given. Following the operation the temperature rose gradually to 108 deg., the pulse gradually failed, and patient died on following night. Autopsy refused. Examination of pus showed a pure culture of the pneumococcus.