

could be obtained from him. Next day, April 26th, was still semi-comatose. Breathing short and rapid. Temperature in the evening,  $101^{\circ}\text{F}$ .; pulse, 100; respirations, 44. He complained of pain about the wound, which was increased by moving him or by deep inspiration; but neither cough nor expectoration were present. A pericardial friction sound, accompanied by great dyspnoea and pain, now developed itself, having its greatest intensity about 2 inches to left of sternum, and râles, supposed to be pneumonic, were detected near the wound. The necessity of keeping the patient absolutely quiet prevented an examination of the back parts of his chest at this time. Leeches were applied to the precordial region and cold to the wound.

*April 27th*.—Pericardial friction most marked at left edge of sternum; pain less severe. Morning: temperature,  $100^{\circ}\text{F}$ .; respiration, 22; pulse, 102. Evening: temperature,  $102^{\circ}.4\text{F}$ .; respiration, 28; pulse, 104.

*April 28th*.—Pleuritic friction was noticed to-day in left side, accompanied by severe pain. Pericardial murmur has descended and is more diffuse. Temperature,  $102^{\circ}\text{F}$ .; râles have disappeared from upper part of chest.

*April 29th*.—Pericardial effusion has supervened; pain in left side more intense. Ordered calomel gr. i, with pulv. opii gr.  $\frac{1}{2}$ , 3 q. h. Morning: temperature,  $98^{\circ}.2\text{F}$ .; respiration, 22. Evening: temperature,  $100^{\circ}.8\text{F}$ .; respiration, 22.

*April 30th*.—Pleuritic pain still intense. Precordial bulging diminished. Pericardial friction again intense at point where it commenced.

*May 3rd*.—An opportunity occurring for examining the back, fluid was discovered in the left pleura, which proved to be a bloody serum—this fact being ascertained by the use of a hypodermic syringe. Some suppuration now took place about the wound. His temperature ran up to  $103^{\circ}\text{F}$ ., and dyspnoea became a marked symptom, while pain and pericardial friction again set in, pulse being weak and irregular. Sherry wine was given. By 7th May these severe symptoms had slackened off, dyspnoea having given way to fairly natural breathing, unaccompanied by pain. Pulse much improved, but dulness persisted over the