

Dec. 1st. After five injections a general catarrh of the larynx; bronchial breathing over left lung was very evident, accompanied by a very few rales.

Right apex: occasional rales; harsh; bronchial vesic. breathing. We see that a reaction had set in in the right lung, which, before injection was considered to be healthy.

Dec. 2nd. Injection 0.020; no reaction of temperature.

Urine: Sp. gr. 1017; traces of albumen, and upon standing some hours gave a fever deposit; since that time there has been no trace of albumen.

Dec. 10. Bacilli are greatly diminished in number and appear under the microscope to be curved, smaller than usual, and slightly granular.

Vital Cap.: 2650; no night sweats; feels better; all pain is gone, and patient can now sleep on either side; cough less; *sputum* increased in quantity, but is now like frothy water; after injections has always complained of severe frontal headache, worse at night; pain in the limbs and throat.

Larynx: Is now normal in appearance; the exudation and nodule have disappeared.

Dec. 13th. Last two days feels very weak; appetite gone; temperature higher; great oppression over chest; says he is becoming weaker every day.

Present Condition: Dec. 13th. Pale, anæmic man; lying on back; fairly well-developed chest and muscles; skin dry and semi-elastic over body, while on the face it is oily; myotatic irritability not very marked; fingers slightly clubbed, blue at tips; no sinking-in of either sup. or inf. clavic regions; heart pulsations to be seen in third, fourth, and fifth interspaces.

Lungs: Right side antrly.: expansion fair; no shrinking in of soft parts; vocal fremitus slightly increased; percussion; impaired respiration in sup. and inf. clavic fossæ as far as the second rib.

Respiration: bronchial vesicular, as far as second interspace.

Auscultation: a few fine rales in inf. clavic region.

Left side antrly.: Expansion poor; flattening in inf. and sup. clavic fossæ; vocal fremitus normal; percussion; dulness in sup. clavic and inf. clavic spaces to the third rib, except at one spot in the first interspace; a cracked-pot tone

is present; from the fifth rib to the base the note is impaired, and at points almost dull.

Auscultation: Sup. clavic bronchial breathing; a few large rales, numerous finer ones. Inf. clavic cavernous breathing, whispering pectq. gurgles, and behind third rib fine crepitus. In fifth interspace, a very few fine crepitus (distant), breath sounds very faint, and slightly blowing in character.

Posteriorly, right side: Impaired respiration to spine of scap; breathing bronchial vesic.; no adventitious sounds except in extreme base; a number of small bubbles with inspiration and expiration.

Posteriorly, left side; Left apex one inch lower than right. Percussion: dulness extending to angle of scap.; a few fine scattered creps. over this area, and at a spot (sup. spin. foss.) the ordinary signs of a secreting cavity. Base: a few fine bubbles.

Dec. 13th. Sputum 40 cc.; no bacilli were found.

Dec. 15th. Sputum 30 cc.; bacilli were found in large numbers; injection of 0.070; patient complains of very dry cough.

Dec. 16th. Temperature normal; cough better; sputum 30 cc.; feels much better.

Dec. 17th. Injection 0.080; temperature 38.4; *vital cap.* 2300; sputum 66 cc.; has a few night sweats.

THREE CASES OF TUBERCULAR PERITONITIS OPERATED ON BY ABDOMINAL SECTION DURING THE YEAR.*

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CASE I. was a woman, æt. 36. III. para. Unwell nine months before seen; previously regular. Had cough and shortness of breath. No lung consolidation could be detected, though many moist rales to be heard. Abdomen much enlarged, with a muffled resonance obtained irregularly over the front of the abdomen, and an indistinct "far away" fluctuation. Diagnosis of thickened peritoneum was made—perhaps malignant, perhaps tubercular. Temperature ranged 99° to 100°. Pulse from 80 to 90.

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