

bronchopneumonia, but it differs from other bronchopneumonias in its predilection for the periphery of the lungs and in the extent to which the inflammation is hemorrhagic. LeCount reports the findings in a case of an early death from this form which are characteristic. Next in importance is the change in the medium size and smaller bronchioles to the involved lung tissue. Early, their linings are simply red, but later they become necrotic and their content a thin mucopus, like that of early gonorrhea, or one containing small flocculent gray or gray-brown masses. Slight dilatation of the smaller bronchi is common. The brain substance is quite regularly swollen, the convolutions flat. The even external contour and the narrowness of the lateral ventricles constitute another conspicuous feature. This edema of the brain substance is less than that of uremia or heat-stroke. The spleen in influenza is not so large as in lobar pneumonia. "Less constant are generalized icterus; the early appearance of staining of the lining of large blood vessels by laked blood; patches of necrosis of the larynx or trachea lining; hyperplasia of the lymphoid tissues of the thorax and neck; slight acute serofibrinous pericarditis; acute interstitial emphysema of the lungs and mediastinal tissues, or of these with subcutaneous tissues as well; otitis or accessory (nasal) sinus inflammation, or actual suppuration as small abscesses in the lungs." It is hard to believe, LeCount says, that with so many distinctive features and so much of novelty in pathologic anatomy it can fail to possess a correspondingly definite etiology.

SIGNIFICANCE OF REFERRED NERVOUS PHENOMENA IN THE DIAGNOSIS OF PULMONARY AND PLEURAL INFLAMMATION.

F. M. Pottenger works out with great detail the distribution of the various nerve segments that supply the lungs and pleura as well as the more external thoracic structures. Involvement of pulmonary and pleural tissues, in the author's opinion, may embrace also the nerves and the effect, therefore, be reflected to more superficial parts in the domain of corresponding nerves, and this effect may be noticed as various motor, sensory and trophic disturbances. Five illustrations make clear the nervous distribution and other thoracic anatomical relations.

Pleural and pulmonary inflammations do not express themselves in identically the same structures. At times the seat of the underlying lesion may be determined by the peculiar character of the respiratory motion alone. Inflammations of the lung and pleura tend, by reflex nervous action, to bring about limitation of movement of various areas of the chest. When the inflammation affects the portion of pleura that is below