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at 101°, or a little lower; then as soon as pulmonary catarrh develops, the thermometer marks 104° or even higher. The pulse becomes full and frequent, the face reddens, the eyes glisten, and the patient becomes restless and anxious, or, in very severe cases, apathetic and somnolent. The cough, which has been moist and easy, now becomes painful, so that the patient fears to cough.

On examining the chest it gives forth a dull sound, that is, if the new morbid state extends over a considerable space; but if it is limited, then physical examination reveals nothing or next to nothing. On examining well-developed cases, it will be noted that the breathing is rough and difficult, and the rattling of mucus in the lung is very characteristic.

In acute cases the disease marches on very rapidly, especially if the patient is a child, young and feeble. The flushed face becomes pale and livid, the lips bluish, the eyes dull and heavy, the restlessness changes to somnolence, constantly increasing. This state is the result of the incomplete oxygenation of the blood and of its overloading with carbonic acid. Pulmonary catarrh rarely terminates suddenly, and it is more likely to become subacute or chronic, and this is most frequently seen when the pulmonary catarrh follows whooping-cough or catarrhal bronchitis of long standing.

When pulmonary catarrh ends in resolution, the inflammatory products are absorbed after undergoing certain changes. After quite a fight the patient slowly recovers health and strength. But the termination is frequently of a less favorable nature. The thick and tenacious mucus may infiltrate the lungs, flooding all their cavities, constituting what is known as caseous or cheesy infiltration. The fever moderates somewhat, but it still rises towards evening, and by-and-by is followed by night sweats. The cough and difficulty in breathing become worse, and the strength fails day by day. Physical examination at this stage shows a condensation of the tissues of the lungs, together with the cheesy infiltration. Then, after a longer or shorter delay, the infiltration dissolves, causing a vast destruction of the lung, and

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