

The temperature on admission was  $103^{\circ}$  and rose at 2 P.M. to  $104^{\circ}$ ; the respirations were 56 and shallow; the pulse 128, soft, full, and regular.

The examination showed dulness in the lower lobe of the left lung, with distant but not distinctly tubular breathing. The heart-sounds were clear. The sputum was rusty and contained numerous diplococci. There were albumin in the urine and a few granular and hyaline casts. The leucocytes on the 21st were 50,000. He was ordered ice poultices and Dover's powder at night.

22d. The temperature had been remarkably uniform, scarcely varying half a degree from  $104^{\circ}$ . The signs of consolidation in the lower lobe of the left lung were more marked. The heart-sounds were clear; the first a little reduplicated, and the second pulmonic was accentuated. There was a soft, systolic murmur in the pulmonary area. The spleen was not palpable. The urine was a little smoky, and a few blood-cells were seen, but no tube-casts. The sputum was mucopurulent. The leucocytes were 20,000 per c.cm.

On the 23d the temperature had risen nearly to  $105^{\circ}$ ; the pulse was 116, regular. At the time of the morning visit he seemed doing very well. On the evening before, he had an attack of hiccough and had been very restless. The mind was clear, and there did not appear to be any extension of the local condition. I noted, however, that Skoda's resonance was very marked at the apex in front. He had been taking small quantities of whiskey and aromatic spirits of ammonia. In the evening, without any warning, or without any special aggravation of his symptoms, the nurse noticed that he was gasping for breath, and in a few moments he died before the house-physician could be summoned.

*Abstract of Autopsy* (No. 521). Anatomical diagnosis: croupous pneumonia; acute nephritis; fatty degeneration of heart-muscle.

The left lung was voluminous; the pleura of the lower lobe was covered with fibrin. The lower lobe was consolidated throughout, finely granular, and on section grayish-red in color. The upper lobe was also consolidated, particularly in the anterior half.

The right lung was voluminous; the upper and lower lobes emphysematous. The lower lobe is slightly granular, on section red, and in a condition of beginning hepatization. The heart-muscle showed microscopically much fat. The kidneys were swollen, mottled on the surface, and microscopically showed signs of acute nephritis.

Quite serious collapse-symptoms may occur early in the disease, even within twenty-four hours. The following is one of the most striking cases I have seen, in which the patient had three attacks of cardiac syncope, the last of which proved fatal on the third day of the disease. I give the notes just as I dictated them to my secretary on returning from the consultation:

*Pneumonia; fatal collapse on the third day.* June 27, 1893, 12.45 A.M., I saw, with Dr. King, Mrs. S., aged forty-four years, a healthy, well-nourished woman, who had a severe chill on Saturday night, 24th, and who since has had signs of pneumonia at the right base, with high fever, reaching at times to  $106^{\circ}$ . There has been no albumin in the urine, the respirations have not been above 48, she has had very little cough, and her general symptoms have not been alarming; but on three occasions she has had serious collapse-symptoms, the