of free doses of gallic acid, acetate lead and digitalis, the hæmoptysis recurred on the 26th, and this morning, the 27th, it is not arrested. He is now pallid, extremely weak, scarcely able to speak aloud, and every now and then expectorates a mouthful of blood and matter. The fœtor is, if possible, more disgusting than ever, and the quantity of mixed blood and greenish-yellow diffluent matter expectorated since yesterday is exceedingly great. Omit gallic acid, &c. for following :—℞ ol. terebinth: ʒ vi. tr. opii. mlxxx. syrupi. ℥ 1 mucilag, ℥ v. M. coch. med. 2nda. q. hora sumat.

The question which naturally occurs to one's mind, when investigating the nature of the above case, is, what is the cause of the horribly fœtid odour of the patient's breath and expectoration? The affection in which this combination of fœtid breath and expectoration, with cough, and physical signs of diseased lungs obtains, is pre-eminently pulmonary gangrene; but it has also been observed in bronchitis, with and without dilated bronchi; in tuberculous excavation; pneumonic abscess; empyema, with and without pleural fistula, and after bronchial hæmorrhage.

Now several of these pathologic conditions may be more or less easily excluded as causes of the gangrenous symptoms in our patient. And 1st: *mere bronchitis*, which Andral and Graves long since proved to be occasionally attended with fœtid breath and expectoration, is not the condition present; for the physical signs prove the existence of a cavity with surrounding solidification. Even *bronchial dilatation* which has also been associated with this offensive peculiarity may be excluded; for the size of the cavity and the extent of consolidation as indicated by percussion and auscultation are too great to be consistent with that view, and there are no evidences of a chronic bronchial affection in the right lung, which there would be, did bronchiectasis and its invariable attendant, bronchitis, exist in Doyle's left lung. The profuse hæmoptysis which forms so striking a feature in our patient's history, points to another causation than either of those first mentioned; for I am not aware that it has ever been observed even in well marked bronchial dilatation or in simple bronchitis. 2nd. *Empyema* with or without pleural fistula may also be rejected. For hæmoptysis frequent and copious is not a sign of either condition, nor is there any mention of severe stitch-like pain indicative of acute pleuritis which there ought to have been on the supposition of Empyema. Moreover, did *simple Empyema* exist, the intercostal spaces of the affected side would probably be expanded and prominent, the heart displaced to the right and the limits of dulness altered by changing the patient's position; and there would be an absence of vocal fremitus, respiratory murmur, mucous and gurgling