

expansion of the right half of the chest was markedly less than the left. The percussion note in the left supra and infraclavicular fossæ was rather dull as also in the upper region of the right chest where indistinct breath sounds and occasional râles were audible. Behind also the flatness (dulness) of the right side was marked especially towards the base. The apex beat of the heart was visible and in its normal position. Auscultation revealed a blowing systolic murmur at the apex; other sounds normal in præcordium; spleen not enlarged, tongue clean, appetite good, sweating was profuse, especially at night. Temperature 101 1-5, pulse 92.

July 23rd:—Temperature was normal, sputum almost nil, but the dull area kept on increasing in size. A third puncture with large trochar and cannula removed about 4 c.cm. of pus. Pneumococci were found in this exudate in zooglea masses. A culture was made on agar and inoculation into a guinea-pig.

July 25th:—Typical pneumococcal growth on agar. Animal found dead in the cage early in the morning.

After 31st July fever disappeared, as did the sputum which had for a few days increased in quantity and become purulent. Ten days later patient quit his bed. Under influence of good diet the healthy color returned nutrition rapidly improved, and, at the end of August, he left the hospital without any inequality in the sides of the chest. The septic condition lasted about three months, pointed to a bronchus and, being of small extent, did not happen to suffocate the patient.

The *streptococcal* infection selected was observed by Prinz Ferdinand of Bavaria and Von Ziemsen, in 1890.

Paul V., aged 22. Has had pneumonia of the left inferior lobe, also a gonorrhœa. Parents apparently died of trichinosis; a brother is suffering from the same infection.

Two days ago was taken with a violent cough, pain in the right side, head and loins accompanied by fever. At present he is a well developed, well nourished man suffering from high fever, nasal catarrh, laryngitis, double conjunctivitis. Boundaries of both lungs normal, good expansion. Right inferior lobe yields a slight tympanitic note; no dulness. There is remarkably sharp vesicular breathing. Rest of lung normal.

Abdomen and liver show nothing apparently abnormal; spleen is slightly enlarged; urine free from albumen, high colored. Continuous fever as high as 102 began on January 1st ('90), with pain in side and dulness in right inferior lobe, bronchial breathing, increased vocal fremitus.

Next day the symptoms became more pronounced, pain in right side