

cough mixture containing Potass. Cyanid, Potass. Nitr., Acet. Scillæ and Tr. Camph. Co.

On examining the chest the following physical signs were made out. Inspection shows flattening of the chest and hollowing beneath the clavicles. The percussion resonance is impaired in both infraclavicular regions, and the whole of the anterior surface of left lung is dull. There is not much difference in the percussion note between the two sides of the chest posteriorly, though the resonance is not quite normal in either. Distinct bronchophony, cavernous respiration, and large gurgling under right clavicle. Bronchophony not so well marked, though present, in left infraclavicular region. Bubbling râles in right mammary region and all over left side anteriorly. Pulse, 100; respirations, 28; temperature, 100°.

Jan. 10th.—Ordered beefsteak. Pulse, 104; temperature, 100 3-5 at mid-day.

Jan. 11th.—Pulse, 108; temperature, 101.

Jan. 16th.—Pulse, 114; temperature, 101. Ordered a draft containing Chloral, gr. xx., every night.

Jan. 20th.—Yesterday he vomited after each meal, and his bowels, to-day, were open three times. Pulse weaker and respiration more frequent. Sleeps after the chloral, but very restlessly, constantly groaning and turning about in bed at night.

Jan. 25th.—At 5 o'clock this morning he told the night nurse to run for the doctor, as he was spitting up a great deal of blood. He sat up in bed when the hæmoptysis came on, and on attempting to get out of bed a gush of blood came up into his mouth and he fell on the floor and expired.

POST-MORTEM ABOUT FORTY-EIGHT HOURS AFTER DEATH.

Rigor mortis well marked. On opening the chest the surfaces of the pleura, on both sides, were glued together and firmly adherent, at several points, to the chest walls. The lungs being removed, the left, which was first examined, was found with both lobes consolidated and airless, and filled with degenerated exudative matter, and presenting several small cavities in the upper lobes. Several of the large bronchi were filled with coagulated blood. The upper lobe of the right lung was also extensively diseased, containing some large cavities and abundant yellow tubercle. The middle and upper part of the lower lobe were also infiltrated. About one-third of the lower lobe was crepitant, much congested and containing scattered tubercle. The other organs, unfortunately, could not be examined.