

asthma, pneumonia, spasmodic croup and mild attacks due to cardiac and renal disease. The onset of tracheal breathing in these troubles makes the prognosis of the case much more serious.

3. Tracheal breathing does occur in diseases of the larynx attended by obstruction.

4. It is liable to occur during the course of any illness, and when it does, particularly if the movements are well marked, generally indicates a fatal termination.

5. The amount of danger appears to be in direct relation with the extent of the movements, the larger the movement the greater the danger.

6. When the sign occurs in connection with diseases of the lungs, such as pneumonia, bronchitis, pleurisy, etc., it is probably not of such grave significance as when occurring in cases where the respiratory tract is sound or only secondarily involved. The few cases I have seen recover, and the cases where death has been delayed for long periods, have mostly been in connection with respiratory troubles.

7. This sign may indicate a serious state of affairs when other symptoms by which we are ordinarily guided, such as the state of the pulse, condition of consciousness, etc., do not appear alarming.

8. Although occasionally other symptoms may point to a speedy fatal termination before the onset of tracheal breathing, yet, so far as my observation goes, death is always preceded for a longer or shorter period by this sign, the period ranging, as a rule, from a few hours to three or four days, occasionally to a few weeks, and in one case, to which I shall refer later, to a year or more.

In illustration of this subject, short sketches of the following cases may be of some interest:

1. A lady about forty-five years of age had for years been subject to bad attacks of asthma. I was called to see her in what was supposed to be one of her ordinary spells. Besides the usual dyspnea, she complained of pain in the right side of the chest, due, no doubt, to pleurisy. I saw her again in about thirty-six hours. Her pulse was about 120, and weak. Her intellect was perfectly clear. There was considerable dyspnea, and she complained greatly of the pain in the side. To relieve this I gave a hypodermic injection of one-eighth of a grain of morphia. I told her husband that her heart was weak, and that she might not get better, but did not think there was any immediate danger. Shortly after I left she passed into a comatose state, and died in