

favours the probability of any disease of his lungs, taking on a destructive character—his habits have been very intemperate. Intemperance is an item frequently met with in the histories of the subjects of gangrene. Dr. Silverberg [quoted before] states that 8 out of 18 of his patients were drunkards. (1)

Time will not allow me to speak of the pathology of gangrene of the lungs, which is a topic of much interest and about which much information is yet needed; the correctness of the diagnosis in the cases just discussed will, I fear, be tested by an autopsy before many weeks; till then observe.

*Sequel to case of Doyle.*

The hæmoptysis recurred during the night of the 27th Jany., rather freely and he sank on the morning of the 28th, exhausted.

*Autopsy.*

*Thorax.* Obliteration of left pleural cavity by very dense and very thick old false membrane over an extent corresponding to the lower half of left lung, including its diaphragmatic surface. Anterior half of upper lobe of this lung as far as apex free of disease, except a narrow strip which bounds the inter-lobular fissure;—this fissure almost completely obliterated by old adhesions. Posterior half of same lobe is the seat of a somewhat pinkish grey (tuberculous?) hepatization or infiltration, parts of which are beginning to soften, for when scraped small circular cavities remain. Small cavity at surface of lateral aspect of same lobe midway between inter-lobular fissure and apex; pleura covering which is of a dark green hue. This cavity is the size of an almond and is filled with a grumous dirty greyish yellow, diffuent fluid, very foetid and containing shreds of pulmonary tissue attached by one end, free at the other, in a gangrenous condition, and retaining none of the naked-eye character of pulmonary tissue. In the same lobe, but a little lower down and deeper, is a 2nd cavity, about three times as large as the first, also in a gangrenous condition; of a darker colour, with more of a greenish tint; contains debris of pulmonary tissue, and like the last emits the disgusting odour observed during life.

In lower lobe a large somewhat irregular cavity extends from within half an inch of the diaphragmatic surface upwards, along posterior portion of the organ, almost to the interlobular fissure; although torn open dur-

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(1) This patient died some few weeks after, and besides tuberculous disease in the upper part of both lungs, a circumscribed gangrenous cavity was found in the lower lobe of the left lung.