

cough. The percussion-sound on the right side of the chest in front was clear to the fourth rib; below this and over the left back it was dull. There was a distinct friction-rub heard in the right axilla and at the base. The breathing was nowhere typically tubular, but in the infrascapular space behind there was modified bronchial breathing. After coughing a few moist râles were heard. Tactile fremitus was present; the voice-sounds were nasal. The other lung was clear. The leucocytes were 10,200 per c.cm. The sputum was viscid, slightly rusty.

15th. The temperature kept uniformly between 103° and 104°; he was delirious; the pulse was about 120, respirations 48 to 50. The cough was very frequent and distressing. There was a tympanitic note at the right apex, shading into dulness, which extended over the whole of the rest of the lung. The friction-rub was loud in the axilla, where the respiration was distinctly tubular. At the base the breathing was feeble, and distinct tubular breath-sounds could be heard, except at one small spot just below the angle of the scapula. On the left side the breath-sounds were clear, with the exception of a few fine râles at the end of inspiration. The patient seemed to be doing very well. The leucocytes sank on the 15th to 6000 per c.cm. There was albumin in the urine in considerable amount, and a large number of granular casts.

On the morning of the 16th, at 8 o'clock, there were urgent dyspnoea, great rapidity of the heart's action, and liquid râles everywhere over the left lung and in front upper lobe of the right lung. He sank and died in a few hours.

*Abstract of Autopsy* (No. 602). Anatomical diagnosis: massive pneumonia affecting right lung; occlusion of bronchus (by fibrinous plug) going to the lower lobe; acute serofibrinous pleurisy; fresh patch of pneumonia in left lung; general pneumococcus-infection.

The right lung, with the exception of the anterior edge, extending backward a quarter of extent of the entire lung and the apex, was consolidated. The solidified portions were granular, reddish; the apex much oedematous. The main bronchus going to the lower lobe of the lung was filled with a fibrinous plug which completely obliterated the lumen. The pleura was covered with a fibrinous exudate.

In the left lung there was a small area of consolidation in the lower lobe. There was no endocarditis. The heart-flesh was friable. The kidneys looked a little swollen and the cortices were coarse. Cultures from the organs and from the blood of the heart showed colonies of the micrococcus lanceolatus.

In the following case death occurred suddenly on the fourth day:

*Lobar pneumonia; sudden death on fourth day.* A. P., aged twenty-two years, colored, driver, admitted May 21, 1894, complaining of cough.

The family and personal history was very good.

Three weeks ago he was struck on the back of the ear with a glass bottle. The wound bled profusely. A week later he had fever and headache, and was cupped on the back of the neck.

He was seen at the dispensary two days ago, at which time he had no fever, and the examination was negative.

Yesterday, the 20th, about 6 p.m., he had a shaking chill, followed by fever and a sharp pain in the left side. The pain was very severe through the night, and was much worse when he drew a deep breath. He had a cough with blood-tinged expectoration.