

fœtid expectoration and general prostration continued, and about a week later an abundant spitting of blood was superadded. This hæmorrhage induced him to enter the Toronto hospital, where it, for several weeks, resisted all treatment; discouraged and alarmed he left the institution clandestinely, and placed himself under the care of a private physician. After it had continued daily for about 6 weeks, it at last ceased. His health improved somewhat about two months later, but his cough and offensive expectoration remained *in statu quo*. Somewhere about this period he came to Montreal, entered the St. Patrick's Hospital of this city, under the care of Dr. Macdonnell, but not deriving the benefit he had anticipated, and his general health again beginning to suffer very much, he left that asylum for his present one.

Present condition. Aspect of confirmed ill-health, sallow complexion; wan, not very much emaciated, though much lighter than when in health; frequent soft cough, occasionally paroxysmal; copious, diffuent, dirty-greenish-yellow, horribly fœtid, purulent expectoration; breath has same offensive odour. Deficient expansion of left side chest at base, tested by eye, and by Quain's Stethometer. No flattening nor bulging of any region. Percussion note clear over entire chest except at lower half of left side, and this dull region very resisting to the finger, and not altered in its boundaries by change of posture. Respiratory murmur exaggerated, but not otherwise modified over entire right lung, and upper portion of left is scarcely audible in left mammary region, and quite inaudible in left lateral, dorsal and lower half lower scapular regions; mucous râle audible at several points in this dull region, becoming almost gurgling at inferior angle of scapula where blowing respiration with pectoriloquy are heard; vocal fremitus not obliterated over dull region. Hearts sound, rythm and situation normal. No increased hepatic nor splenic dullness.

A sedative balsamic cough mixture, and cod liver oil were prescribed, and the patient's weight taken. Early in December the fœtor and profuse expectoration continuing kreosote-inhalations were added to the treatment and towards the end of the month he had gained perceptibly and considerably in flesh and strength. About this period he had a relapse, with hæmoptysis, prostration and profuse expectoration of intensely fœtid smell. The physical signs of a cavity in the postero-lateral aspect of lower lobe were very obvious, in the form of cavernous respiration and voice, cavernous whisper and gurgling. He again rallied and improved a little, until the 25th January, when a profuse hæmoptysis occurred, so that a large chamber utensil was two-thirds filled with florid red blood and pus, having an extremely fœtid odour. Notwithstanding the administration