

to some cases which recently came under my notice.

Case I.—Male, æt. 21. Saw him first on Wednesday, Oct. 5th. There was a condition of intense malaise. Pulse and temperature normal; no cough. Next day, temperature rose to  $102^{\circ}$ , there were chilly feelings but no definite rigor. The same evening he began to cough and bring up rusty sputum. Examination revealed blowing breathing in larger tubes. No dullness. No pain. Respiration normal. A microscopic examination of the sputum showed the Pneumococcus. Next morning he was removed to the Hospital; after arrival there, patient had chill and temperature rose to  $105^{\circ}$ . He also complained of pain behind right ear. Examination detected a fluctuating abscess of about 1 inch in size. This was opened and flushed out with Bichloride after which the temperature dropped to  $101^{\circ}$ . The respiration count was now 24; pulse 100. Temperature  $101^{\circ}$ .

Upon physical examination of chest a spot of dullness about 2 inches in size was found at lower and back part of left lobe. The patient did not cough, and complained of but little pain. All this time he was under the usual treatment for pneumonia, especially of the supporting plan. The abscess, though flushed out frequently, continued to spread, involving the subcutaneous connection tissue at the side of the neck for a considerable area. The dullness in the lung went on extending until now both lungs were involved. Pulse, temperature, and respirations increased; the evening record five days from commencement of illness showing: Pulse, 140; Temperature,  $105\frac{1}{2}^{\circ}$ ; Respirations, 48. Fatal outcome at four the following morning.

The general course of the attack pointed strongly to pneumonia of a septic type, infection occurring through the circulation, the starting point being the streptococcus abscess. It is not surprising in many of these cases to find the pneumococcus present in the sputum since the septic process lowers the tissue resistance.

The gradual ascent of the temperature from the beginning to the close of the attack, the ever progressing extension of the lesion, and death of the patient from poisoning of the cardiac centre and collapse rather than asphyxia, were all points which led me to attribute the virulence of the causal agent to septic organisms.

Case II.—Female, æt. 35. Saw her first on Sunday, Nov.