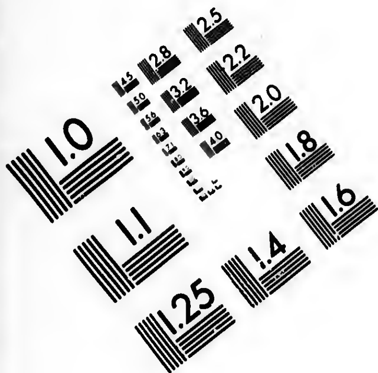


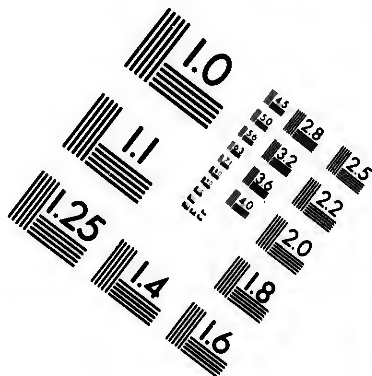
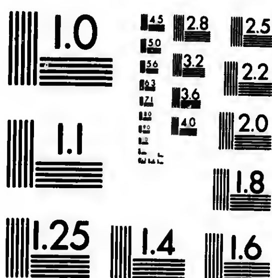
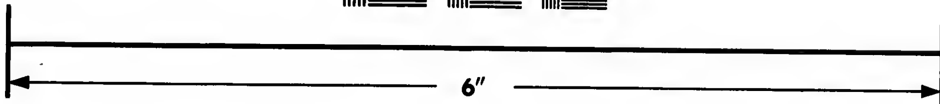
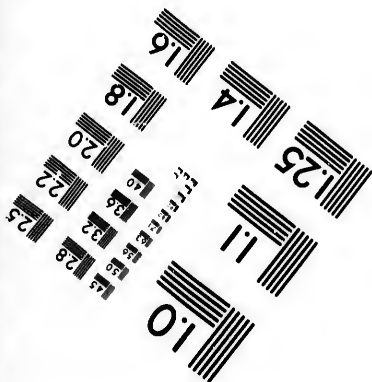
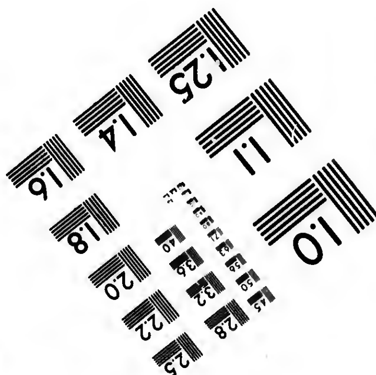


IMAGE EVALUATION TEST TARGET (MT-3)







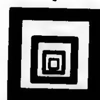


Photographic Sciences Corporation

23 WEST MAIN STREET
WEBSTER, N.Y. 14580
(716) 872-4503

CIHM/ICMH
Microfiche
Series.

CIHM/ICMH
Collection de
microfiches.



Canadian Institute for Historical Microreproductions / Institut canadien de microreproductions historiques

© 1985

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- [ ] Coloured covers/ Couverture de couleur
- [ ] Covers damaged/ Couverture endommagée
- [ ] Covers restored and/or laminated/ Couverture restaurée et/ou pelliculée
- [ ] Cover title missing/ Le titre de couverture manque
- [ ] Coloured maps/ Cartes géographiques en couleur
- [ ] Coloured ink (i.e. other than blue or black)/ Encre de couleur (i.e. autre que bleue ou noire)
- [ ] Coloured plates and/or illustrations/ Planches et/ou illustrations en couleur
- [ ] Bound with other material/ Relié avec d'autres documents
- [ ] Tight binding may cause shadows or distortion along interior margin/ La reliure serrée peut causer de l'ombre ou de la distortion le long de la marge intérieure
- [ ] Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/ Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- [ ] Additional comments:/ Commentaires supplémentaires:

- [ ] Coloured pages/ Pages de couleur
- [x] Pages damaged/ Pages endommagées
- [ ] Pages restored and/or laminated/ Pages restaurées et/ou pelliculées
- [x] Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- [ ] Pages detached/ Pages détachées
- [x] Showthrough/ Transparence
- [ ] Quality of print varies/ Qualité inégale de l'impression
- [ ] Includes supplementary material/ Comprend du matériel supplémentaire
- [ ] Only edition available/ Seule édition disponible
- [ ] Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/ Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

The copy filmed here has been reproduced thanks to the generosity of:

Medical Library
McGill University
Montreal

The images appearing here are the best quality possible considering the condition and legibility of the original copy and in keeping with the filming contract specifications.

Original copies in printed paper covers are filmed beginning with the front cover and ending on the last page with a printed or illustrated impression, or the back cover when appropriate. All other original copies are filmed beginning on the first page with a printed or illustrated impression, and ending on the last page with a printed or illustrated impression.

The last recorded frame on each microfiche shall contain the symbol —► (meaning "CONTINUED"), or the symbol ▼ (meaning "END"), whichever applies.

Maps, plates, charts, etc., may be filmed at different reduction ratios. Those too large to be entirely included in one exposure are filmed beginning in the upper left hand corner, left to right and top to bottom, as many frames as required. The following diagrams illustrate the method:

L'exemplaire filmé fut reproduit grâce à la générosité de:

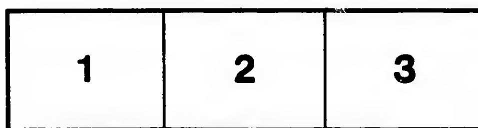
Medical Library
McGill University
Montreal

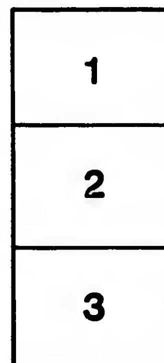
Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

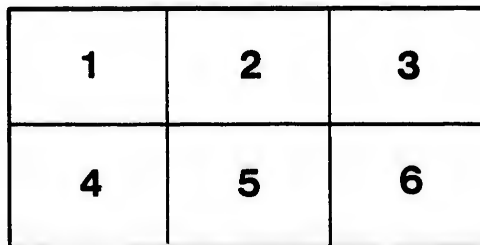
Les exemplaires originaux dont la couverture en papier est imprimée sont filmés en commençant par le premier plat et en terminant soit par la dernière page qui comporte une empreinte d'impression ou d'illustration, soit par le second plat, selon le cas. Tous les autres exemplaires originaux sont filmés en commençant par la première page qui comporte une empreinte d'impression ou d'illustration et en terminant par la dernière page qui comporte une telle empreinte.

Un des symboles suivants apparaîtra sur la dernière image de chaque microfiche, selon le cas: le symbole —► signifie "A SUIVRE", le symbole ▼ signifie "FIN".

Les cartes, planches, tableaux, etc., peuvent être filmés à des taux de réduction différents. Lorsque le document est trop grand pour être reproduit en un seul cliché, il est filmé à partir de l'angle supérieur gauche, de gauche à droite, et de haut en bas, en prenant le nombre d'images nécessaire. Les diagrammes suivants illustrent la méthode.







AMBULATORY LOBAR PNEUMONIA.

BY

G. GORDON CAMPBELL, B.Sc., M.D.,

Demonstrator of Medicine, McGill University; Assistant Physician, Montreal General Hospital.

Reprinted from the Montreal Medical Journal, January, **1897.**

AMBULATORY LOBAR PNEUMONIA.[1]

BY

G. GORDON CAMPBELL, B.Sc., M.D.

Demonstrator of Medicine, McGill University, Assistant Physician, Montreal General Hospital.

This case is of interest mainly from its rarity, the disease itself presenting no unusual features. In hospital practice, where the great bulk of patients comes from the poorer classes, it is not unusual to meet with acute pleurisy with effusion in the out-patient department. Several times I have been consulted for "shortness of breath and slight cough" of a few days duration and found one pleural cavity almost completely filled with fluid. Pneumonia, or at least that form which sets in abruptly with a severe chill, met with during adult life is extremely rarely encountered in an out-patient hospital practice. The following are briefly the particulars of the case.

N. M., aged 49, born in Ireland, a wood carver by trade, came to the Out patient Department of the Montreal General Hospital on Oct. 23rd, 1896, complaining of cough with slight expectoration and general malaise. Inquiry into the history of the disease revealed the fact that it had been induced by a severe wetting which he got on Oct 18th. On the morning of the 19th he rose as usual at 4 a.m., but shortly after had a severe chill lasting one hour and followed by pain in the side. During the day he took to bed and at night cough and expectoration set in. During the following day, Oct. 20th, he remained in bed, but on the 21st got up and sat about the house "not feeling" as he expressed it "quite able to go to work." On the 23rd feeling that he was not improving he came to the hospital, a distance of over a mile from his home and walked a part of the way.

The personal and family history contained nothing of interest. He had been a hard drinker in his early manhood but had been temperate for a number of years.

On examination the temperature was found to be 101.5°, the pulse 120. The right lung showed dulness from the spine of the scapula down, and at the side and front, corresponding very closely with the lower lobe. Over the dull area there was intense dry blowing-breathing and broncohphony. The vocal fremitus was slightly if any increased. A diagnosis of acute lobar pneumonia was made and the patient advised to remain in the hospital. To this however he

[1] Read before the Montreal Medico-Chirurgical Society, Nov. 20, 1896.

demurred not feeling as he said that he was "ill enough for it.' After the grave nature of the disease was explained to him, he consented to be admitted but insisted on going home first. which he did. The same afternoon, Oct. 23rd, he was admitted to the wards under Dr. Molson and to his resident physician Dr. Mitchell I am indebted for the further history of the case. The temperature shortly after admission, rose to 103° and remained between that and 101° until death occurred on Oct. 28th, the tenth day of the disease. The expectoration was rusty, viscid and contained pneumococci. The urine contained no albumin. On the 26th, two days before death, an area of consolidation was detected in the base of the left lung.

The autopsy, made by Dr. Wyatt Johnston, revealed: Acute lobar pneumonia, total grey hepatization of the right lung with commencing red hepatization of the left lung. Acute bronchitis; chronic right and acute plastic left pleuritis; old apical tuberculosis; spleen large and firm; hogsback kidneys with mixed nephritis and some fatty degeneration; slight cirrhosis of the liver; very marked dilatation and hypertrophy of the heart; polypoid white thrombus of the right ventricle; and slight pulmonary embolism.

r it.'
con-
did.
under
ebted
after
until
ex-
urine
area

obar
cing
ight
arge
atty
tion
ght