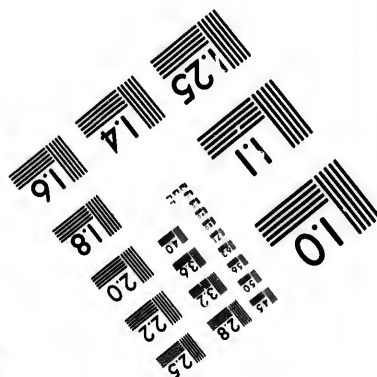
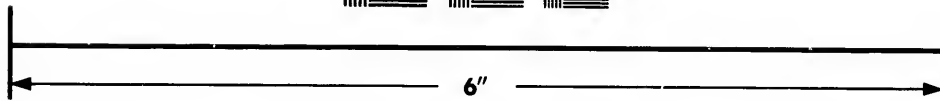
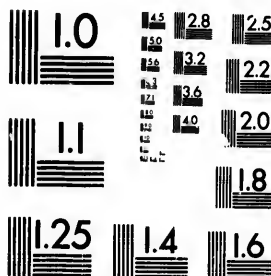


IMAGE EVALUATION TEST TARGET (MT-3)



Photographic Sciences Corporation

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

18 20 22 25 28 32 36 40 45 50 54 58 62 66 70 74 78 82 86 90 94 98 102 106 110 114 118 122 126 130 134 138 142 146 150 154 158 162 166 170 174 178 182 186 190 194 198 202 206 210 214 218 222 226 230 234 238 242 246 250 254 258 262 266 270 274 278 282 286 290 294 298 302 306 310 314 318 322 326 330 334 338 342 346 350 354 358 362 366 370 374 378 382 386 390 394 398 402 406 410 414 418 422 426 430 434 438 442 446 450 454 458 462 466 470 474 478 482 486 490 494 498 502 506 510 514 518 522 526 530 534 538 542 546 550 554 558 562 566 570 574 578 582 586 590 594 598 602 606 610 614 618 622 626 630 634 638 642 646 650 654 658 662 666 670 674 678 682 686 690 694 698 702 706 710 714 718 722 726 730 734 738 742 746 750 754 758 762 766 770 774 778 782 786 790 794 798 802 806 810 814 818 822 826 830 834 838 842 846 850 854 858 862 866 870 874 878 882 886 890 894 898 902 906 910 914 918 922 926 930 934 938 942 946 950 954 958 962 966 970 974 978 982 986 990 994 998 1002 1006 1010 1014 1018 1022 1026 1030 1034 1038 1042 1046 1050 1054 1058 1062 1066 1070 1074 1078 1082 1086 1090 1094 1098 1102 1106 1110 1114 1118 1122 1126 1130 1134 1138 1142 1146 1150 1154 1158 1162 1166 1170 1174 1178 1182 1186 1190 1194 1198 1202 1206 1210 1214 1218 1222 1226 1230 1234 1238 1242 1246 1250 1254 1258 1262 1266 1270 1274 1278 1282 1286 1290 1294 1298 1302 1306 1310 1314 1318 1322 1326 1330 1334 1338 1342 1346 1350 1354 1358 1362 1366 1370 1374 1378 1382 1386 1390 1394 1398 1402 1406 1410 1414 1418 1422 1426 1430 1434 1438 1442 1446 1450 1454 1458 1462 1466 1470 1474 1478 1482 1486 1490 1494 1498 1502 1506 1510 1514 1518 1522 1526 1530 1534 1538 1542 1546 1550 1554 1558 1562 1566 1570 1574 1578 1582 1586 1590 1594 1598 1602 1606 1610 1614 1618 1622 1626 1630 1634 1638 1642 1646 1650 1654 1658 1662 1666 1670 1674 1678 1682 1686 1690 1694 1698 1702 1706 1710 1714 1718 1722 1726 1730 1734 1738 1742 1746 1750 1754 1758 1762 1766 1770 1774 1778 1782 1786 1790 1794 1798 1802 1806 1810 1814 1818 1822 1826 1830 1834 1838 1842 1846 1850 1854 1858 1862 1866 1870 1874 1878 1882 1886 1890 1894 1898 1902 1906 1910 1914 1918 1922 1926 1930 1934 1938 1942 1946 1950 1954 1958 1962 1966 1970 1974 1978 1982 1986 1990 1994 1998 2002 2006 2010 2014 2018 2022 2026 2030 2034 2038 2042 2046 2050 2054 2058 2062 2066 2070 2074 2078 2082 2086 2090 2094 2098 2102 2106 2110 2114 2118 2122 2126 2130 2134 2138 2142 2146 2150 2154 2158 2162 2166 2170 2174 2178 2182 2186 2190 2194 2198 2202 2206 2210 2214 2218 2222 2226 2230 2234 2238 2242 2246 2250 2254 2258 2262 2266 2270 2274 2278 2282 2286 2290 2294 2298 2302 2306 2310 2314 2318 2322 2326 2330 2334 2338 2342 2346 2350 2354 2358 2362 2366 2370 2374 2378 2382 2386 2390 2394 2398 2402 2406 2410 2414 2418 2422 2426 2430 2434 2438 2442 2446 2450 2454 2458 2462 2466 2470 2474 2478 2482 2486 2490 2494 2498 2502 2506 2510 2514 2518 2522 2526 2530 2534 2538 2542 2546 2550 2554 2558 2562 2566 2570 2574 2578 2582 2586 2590 2594 2598 2602 2606 2610 2614 2618 2622 2626 2630 2634 2638 2642 2646 2650 2654 2658 2662 2666 2670 2674 2678 2682 2686 2690 2694 2698 2702 2706 2710 2714 2718 2722 2726 2730 2734 2738 2742 2746 2750 2754 2758 2762 2766 2770 2774 2778 2782 2786 2790 2794 2798 2802 2806 2810 2814 2818 2822 2826 2830 2834 2838 2842 2846 2850 2854 2858 2862 2866 2870 2874 2878 2882 2886 2890 2894 2898 2902 2906 2910 2914 2918 2922 2926 2930 2934 2938 2942 2946 2950 2954 2958 2962 2966 2970 2974 2978 2982 2986 2990 2994 2998 3002 3006 3010 3014 3018 3022 3026 3030 3034 3038 3042 3046 3050 3054 3058 3062 3066 3070 3074 3078 3082 3086 3090 3094 3098 3102 3106 3110 3114 3118 3122 3126 3130 3134 3138 3142 3146 3150 3154 3158 3162 3166 3170 3174 3178 3182 3186 3190 3194 3198 3202 3206 3210 3214 3218 3222 3226 3230 3234 3238 3242 3246 3250 3254 3258 3262 3266 3270 3274 3278 3282 3286 3290 3294 3298 3302 3306 3310 3314 3318 3322 3326 3330 3334 3338 3342 3346 3350 3354 3358 3362 3366 3370 3374 3378 3382 3386 3390 3394 3398 3402 3406 3410 3414 3418 3422 3426 3430 3434 3438 3442 3446 3450 3454 3458 3462 3466 3470 3474 3478 3482 3486 3490 3494 3498 3502 3506 3510 3514 3518 3522 3526 3530 3534 3538 3542 3546 3550 3554 3558 3562 3566 3570 3574 3578 3582 3586 3590 3594 3598 3602 3606 3610 3614 3618 3622 3626 3630 3634 3638 3642 3646 3650 3654 3658 3662 3666 3670 3674 3678 3682 3686 3690 3694 3698 3702 3706 3710 3714 3718 3722 3726 3730 3734 3738 3742 3746 3750 3754 3758 3762 3766 3770 3774 3778 3782 3786 3790 3794 3798 3802 3806 3810 3814 3818 3822 3826 3830 3834 3838 3842 3846 3850 3854 3858 3862 3866 3870 3874 3878 3882 3886 3890 3894 3898 3902 3906 3910 3914 3918 3922 3926 3930 3934 3938 3942 3946 3950 3954 3958 3962 3966 3970 3974 3978 3982 3986 3990 3994 3998 4002 4006 4010 4014 4018 4022 4026 4030 4034 4038 4042 4046 4050 4054 4058 4062 4066 4070 4074 4078 4082 4086 4090 4094 4098 4102 4106 4110 4114 4118 4122 4126 4130 4134 4138 4142 4146 4150 4154 4158 4162 4166 4170 4174 4178 4182 4186 4190 4194 4198 4202 4206 4210 4214 4218 4222 4226 4230 4234 4238 4242 4246 4250 4254 4258 4262 4266 4270 4274 4278 4282 4286 4290 4294 4298 4302 4306 4310 4314 4318 4322 4326 4330 4334 4338 4342 4346 4350 4354 4358 4362 4366 4370 4374 4378 4382 4386 4390 4394 4398 4402 4406 4410 4414 4418 4422 4426 4430 4434 4438 4442 4446 4450 4454 4458 4462 4466 4470 4474 4478 4482 4486 4490 4494 4498 4502 4506 4510 4514 4518 4522 4526 4530 4534 4538 4542 4546 4550 4554 4558 4562 4566 4570 4574 4578 4582 4586 4590 4594 4598 4602 4606 4610 4614 4618 4622 4626 4630 4634 4638 4642 4646 4650 4654 4658 4662 4666 4670 4674 4678 4682 4686 4690 4694 4698 4702 4706 4710 4714 4718 4722 4726 4730 4734 4738 4742 4746 4750 4754 4758 4762 4766 4770 4774 4778 4782 4786 4790 4794 4798 4802 4806 4810 4814 4818 4822 4826 4830 4834 4838 4842 4846 4850 4854 4858 4862 4866 4870 4874 4878 4882 4886 4890 4894 4898 4902 4906 4910 4914 4918 4922 4926 4930 4934 4938 4942 4946 4950 4954 4958 4962 4966 4970 4974 4978 4982 4986 4990 4994 4998 5002 5006 5010 5014 5018 5022 5026 5030 5034 5038 5042 5046 5050 5054 5058 5062 5066 5070 5074 5078 5082 5086 5090 5094 5098 5102 5106 5110 5114 5118 5122 5126 5130 5134 5138 5142 5146 5150 5154 5158 5162 5166 5170 5174 5178 5182 5186 5190 5194 5198 5202 5206 5210 5214 5218 5222 5226 5230 5234 5238 5242 5246 5250 5254 5258 5262 5266 5270 5274 5278 5282 5286 5290 5294 5298 5302 5306 5310 5314 5318 5322 5326 5330 5334 5338 5342 5346 5350 5354 5358 5362 5366 5370 5374 5378 5382 5386 5390 5394 5398 5402 5406 5410 5414 5418 5422 5426 5430 5434 5438 5442 5446 5450 5454 5458 5462 5466 5470 5474 5478 5482 5486 5490 5494 5498 5502 5506 5510 5514 5518 5522 5526 5530 5534 5538 5542 5546 5550 5554 5558 5562 5566 5570 5574 5578 5582 5586 5590 5594 5598 5602 5606 5610 5614 5618 5622 5626 5630 5634 5638 5642 5646 5650 5654 5658 5662 5666 5670 5674 5678 5682 5686 5690 5694 5698 5702 5706 5710 5714 5718 5722 5726 5730 5734 5738 5742 5746 5750 5754 5758 5762 5766 5770 5774 5778 5782 5786 5790 5794 5798 5802 5806 5810 5814 5818 5822 5826 5830 5834 5838 5842 5846 5850 5854 5858 5862 5866 5870 5874 5878 5882 5886 5890 5894 5898 5902 5906 5910 5914 5918 5922 5926 5930 5934 5938 5942 5946 5950 5954 5958 5962 5966 5970 5974 5978 5982 5986 5990 5994 5998 6002 6006 6010 6014 6018 6022 6026 6030 6034 6038 6042 6046 6050 6054 6058 6062 6066 6070 6074 6078 6082 6086 6090 6094 6098 6102 6106 6110 6114 6118 6122 6126 6130 6134 6138 6142 6146 6150 6154 6158 6162 6166 6170 6174 6178 6182 6186 6190 6194 6198 6202 6206 6210 6214 6218 6222 6226 6230 6234 6238 6242 6246 6250 6254 6258 6262 6266 6270 6274 6278 6282 6286 6290 6294 6298 6302 6306 6310 6314 6318 6322 6326 6330 6334 6338 6342 6346 6350 6354 6358 6362 6366 6370 6374 6378 6382 6386 6390 6394 6398 6402 6406 6410 6414 6418 6422 6426 6430 6434 6438 6442 6446 6450 6454 6458 6462 6466 6470 6474 6478 6482 6486 6490 6494 6498 6502 6506 6510 6514 6518 6522 6526 6530 6534 6538 6542 6546 6550 6554 6558 6562 6566 6570 6574 6578 6582 6586 6590 6594 6598 6602 6606 6610 6614 6618 6622 6626 6630 6634 6638 6642 6646 6650 6654 6658 6662 6666 6670 6674 6678 6682 6686 6690 6694 6698 6702 6706 6710 6714 6718 6722 6726 6730 6734 6738 6742 6746 6750 6754 6758 6762 6766 6770 6774 6778 6782 6786 6790 6794 6798 6802 6806 6810 6814 6818 6822 6826 6830 6834 6838 6842 6846 6850 6854 6858 6862 6866 6870 6874 6878 6882 6886 6890 6894 6898 6902 6906 6910 6914 6918 6922 6926 6930 6934 6938 6942 6946 6950 6954 6958 6962 6966 6970 6974 6978 6982 6986 6990 6994 6998 7002 7006 7010 7014 7018 7022 7026 7030 7034 7038 7042 7046 7050 7054 7058 7062 7066 7070 7074 7078 7082 7086 7090 7094 7098 7102 7106 7110 7114 7118 7122 7126 7130 7134 7138 7142 7146 7150 7154 7158 7162 7166 7170 7174 7178 7182 7186 7190 7194 7198 7202 7206 7210 7214 7218 7222 7226 7230 7234 7238 7242 7246 7250 7254 7258 7262 7266 7270 7274 7278 7282 7286 7290 7294 7298 7302 7306 7310 7314 7318 7322 7326 7330 7334 7338 7342 7346 7350 7354 7358 7362 7366 7370 7374 7378 7382 7386 7390 7394 7398 7402 7406 7410 7414 7418 7422 7426 7430 7434 7438 7442 7446 7450 7454 7458 7462 7466 7470 7474 7478 7482 7486 7490 7494 7498 7502 7506 7510 7514 7518 7522 7526 7530 7534 7538 7542 7546 7550 7554 7558 7562 7566 7570 7574 7578 7582 7586 7590 7594 7598 7602 7606 7610 7614 7618 7622 7626 7630 7634 7638 7642 7646 7650 7654 7658 7662 7666 7670 7674 7678 7682 7686 7690 7694 7698 7702 7706 7710 7714 7718 7722 7726 7730 7734 7738 7742 7746 7750 7754 7758 7762 7766 7770 7774 7778 7782 7786 7790 7794 7798 7802 7806 7810 7814 7818 7822 7826 7830 7834 7838 7842 7846 7850 7854 7858 7862 7866 7870 7874 7878 7882 7886 7890 7894 7898 7902 7906 7910 7914 7918 7922 7926 7930 7934 7938 7942 7946 7950 7954 7958 7962 7966 7970 7974 7978 7982 7986 7990 7994 7998 8002 8006 8010 8014 8018 8022 8026 8030 8034 8038 8042 8046 8050 8054 8058 8062 8066 8070 8074 8078 8082 8086 8090 8094 8098 8102 8106 8110 8114 8118 8122 8126 8130 8134 8138 8142 8146 8150 8154 8158 8162 8166 8170 8174 8178 8182 8186 8190 8194 8198 8202 8206 8210 8214 8218 8222 8226 8230 8234 8238 8242 8246 8250 8254 8258 8262 8266 8270 8274 8278 8282 8286 8290 8294 8298 8302 8306 8310 8314 8318 8322 8326 8330 8334 8338 8342 8346 8350 8354 8358 8362 8366 8370 8374 8378 8382 8386 8390 8394 8398 8402 8406 8410 8414 8418 8422 8426 8430 8434 8438 8442 8446 8450 8454 8458 8462 8466 8470 8474 8478 8482 8486 8490 8494 8498 8502 8506 8510 8514 8518 8522 8526 8530 8534 8538 8542 8546 8550 8554 8558 8562 8566 8570 8574 8578 8582 8586 8590 8594 8598 8602 8606 8610 8614 8618 8622 8626 8630 8634 8638 8642 8646 8650 8654 8658 8662 8666 8670 8674 8678 8682 8686 8690 8694 8698 8702 8706 8710 8714 8718 8722 8726 8730 8734 8738 8742 8746 8750 8754 8758 8762 8766 8770 8774 8778 8782 8786 8790 8794 8798 8802 8806 8810 8814 8818 8822 8826 8830 8834 8838 8842 8846 8850 8854 8858 8862 8866 8870 8874 8878 8882 8886 8890 8894 8898 8902 8906 8910 8914 8918 8922 8926 8930 8934 8938 8942 8946 8950 8954 8958 8962 8966 8970 8974 8978 8982 8986 8990 8994 8998 9002 9006 9010 9014 9018 9022 9026 9030 9034 9038 9042 9046 9050 9054 9058 9062 9066 9070 9074 9078 9082 9086 9090 9094 9098 9102 9106 9110 9114 9118 9122 9126 9130 9134 9138 9142 9146 9150 9154 9158 9162 9166 9170 9174 9178 9182 9186 9190 9194 9198 9202 9206 9210 9214 9218 9222 9226 9230 9234 9238 9242 9246 9250 9254 9258 9262 9266 9270 9274 9278 9282 9286 9290 9294 9298 9302 9306 9310 9314 9318 9322 9326 9330 9334 9338 9342 9346 9350 9354 9358 9362 9366 9370 9374 9378 9382 9386 9390 9394 9398 9402 9406 9410 9414 9418 9422 9426 9430 9434 9438 9442 9446 9450 9454 9458 9462 9466 9470 9474 9478 9482 9486 9490 9494 9498 9502 9506 9510 9514 9518 9522 9526 9530 9534 9538 9542 9546 9550 9554 9558 9562 9566 9570 9574 9578 9582 9586 9590 9594 9598 9602 9606 9610 9614 9618 9622 9626 9630 9634 9638 9642 9646 9650 9654 9658 9662 9666 9670 9674 9678 9682 9686 9690 9694 9698 9702 9706 9710 9714 9718 9722 9726 9730 9734 9738 9742 9746 9750 9754 9758 9762 9766 9770 9774 9778 9782 9786 9790 9794 9798 9802 9806 9810 9814 9818 9822 9826 9830 9834 9838 9842 9846 9850 9854 9858 9862 9866 9870 9874 9878 9882 9886 9890 9894 9898 9902 9906 9910 9914 9918 9922 9926 9930 9934 9938 9942 9946 9950 9954 9958 9962 9966 9970 9974 9978 9982 9986 9990 9994 9998 10002 10006 10010 10014 10018 10022 10026 10030 10034 10038 10042 10046 10050 10054 10058 10062 10066 10070 10074 10078 10082 10086 10090 10094

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
distorsion 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
- ☐ Pages damaged/
Pages endommagées
- ☐ Pages restored and/or laminated/
Pages restaurées et/ou pelliculées
- ☒ Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- ☐ Pages detached/
Pages détachées
- ☒ 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	14X	18X	22X	26X	30X
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12X	16X	20X	24X	28X	32X

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

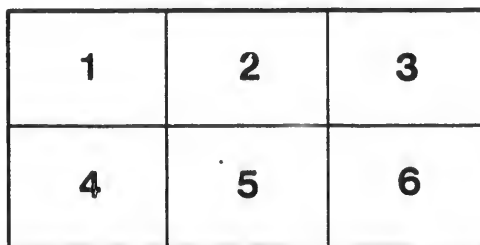
Medical Library
McGill University
Montreal

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:

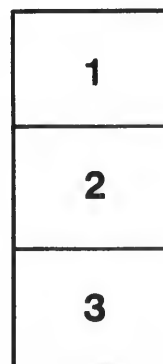
Medical Library
McGill University
Montreal

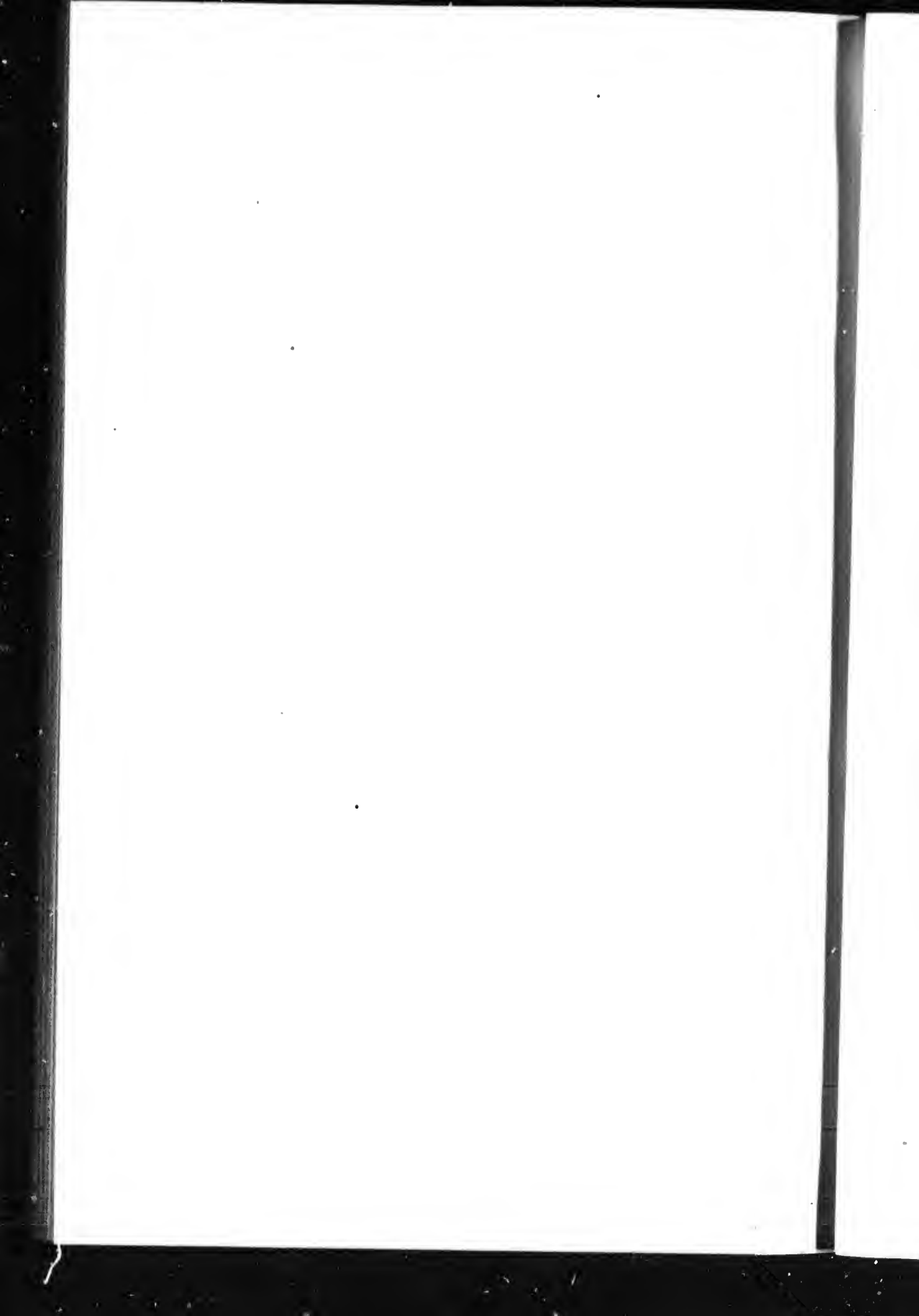
Les images suivantes ont été reproduites avec le plus grand soin, compte tenu de la condition et de la netteté de l'exemplaire filmé, et en conformité avec les conditions du contrat de filmage.

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.





"OBITER SCRIPTA" I.

(Casual notes from the Medical Clinic of the Royal Victoria Hospital.)

BY

C. F. MARTIN, M.D.

Lecturer in Medicine, McGill University ; Assistant Physician to the Royal Victoria Hospital.

(In the ensuing casual notes are embodied a few observations on cases which are of interest either in reference to diagnosis or treatment, or as presenting some instructive variations from the commoner so-called text-book types. It is hoped that while they offer no features of startling importance, there may at least be a few facts of interest to some readers of the JOURNAL.)

SOME FORMS OF NEPHRITIS.

CASE I.

Uræmia affecting a boy in previously good health—General and special diagnosis of the renal condition—Treatment.

A boy, æt. 12, had been complaining for several weeks of intermittent headaches, occasionally quite intense, sometimes persisting throughout an entire day, at other times being quite absent for several days together. With this there was vomiting, usually at the time of the headache, and at all events quite independent of the ingestion of food. The vomitus had no special characters. Careful enquiry failed to elicit any other symptoms or complaints up to the day of his entering the hospital. There was no history of scarlatina or other infective disease since infancy, nor could exposure to cold or any other etiological factor be discerned to account for the condition present.

On admission he was very restless, held his hands to his head with the intense pains, and vomited several times on the first day. The temperature was normal, the pulse 104 and of very slightly increased tension, and the respirations were 24 per minute. There was a coated tongue, anorexia, marked thirst and constipation.

Edema and anæmia were conspicuous by their entire absence.

By a curious coincidence there lay in the adjoining bed a boy with cerebral tumour, in whom likewise the main symptoms had been merely headache and vomiting and the eye ground on examination had shown marked papillitis. The similitude of symptoms in the present case led at once to a retinal examination to complete the

classical trio of symptoms due to intracranial pressure, minuric retinitis. The nephritis, being diminished to the litre, 80 grains of urea in gravity of 1012. There were numerous epithelial casts. The heart was slightly enlarged. At the apex there was a soft systolic murmur. The aortic murmur was accentuated; the arteries showed no sclerosis. On the following day he developed unilateral convulsions and coma, and during the first 24 hours, only 11 ounces of urine were passed.

Treatment.—At the outset, saline purgatives and hypodermic injections of pilocarpine were freely administered, though with practically no effect, and on the next day he was given croton oil, which was speedily followed by satisfactory purgation. His restless, convulsed condition made it impossible to give vapour baths properly, so that hot wet packs (for 20 minutes at a time, and at intervals of from four to six hours) were employed, producing within 12 hours a remarkable relief, the patient being quieter, partly conscious, and showing distinct improvement in the pulse. During the first 24 hours, the packs were given five times, and from that on with diminishing frequency till after four days the patient was practically out of danger, perfectly conscious, with no convulsions, or even restlessness. The urine steadily increased in quantity, and three days later he passed a normal amount. Nine days after admission, merely a trace of albumen was left, the quantity being no longer estimable by Esbach's method. Throughout the rest of his stay in the hospital his condition progressively improved, and six weeks later he was discharged, the parents being given due precautions as to the treatment and diet, inasmuch as a trace of albumen or occasional casts were still present. It was also noteworthy that during this time the urine was much increased in quantity, being frequently over 50 or 60 ounces per diem.

Remarks.—The case presents several features of no little interest. While probably two-thirds or more of all cases of nephritis in childhood are associated with infectious diseases, and especially scarlatina, yet, as in the present instance, a small proportion have a distinctly obscure etiology. The question of diagnosis, so far as the general disease is concerned, presents in reality very little difficulty, and the similarity of symptoms to those in cerebral tumour is perhaps more striking in the present instance from the coincidence above referred to. Yet the complete absence of either œdema, dyspnœa or pallor, as well as the lack of any specific antecedent cause might all very

the case well illustrating the necessity of a diagnosis where headaches persist.

Of the renal lesion, for example, in adults, one is never able to make a diagnosis of a kidney unless the

case is acute or chronic? To make a correct diagnosis is a difficult task; certainly one would tend to make a diagnosis of a renal lesion if the renal kidney is extremely rare in children. More especially in the case of a child, the urine of low specific gravity persisting throughout the disease, the markedly increased quantity when once recovery is established, the advanced albuminuric retinitis, which even under any condition is extremely rare in children, and lastly, the persistent thirst. In the light of such a diagnosis the ultimate outlook would be proportionately serious, these cases reaching a lethal termination in a much shorter period.

CASE II.

Acute nephritis ushered in with symptoms simulating appendicitis

The victim of this affection was a young man aged 26 years, whose illness was preceded by distinct exposure to cold. Following upon this was general malaise and a vague feeling of abdominal discomfort, nausea and vomiting. The bowels were constipated. On the next day the abdominal discomfort was more marked, and tenderness in the right iliac fossa pronounced.

An enema was administered, and after three hours the pain on pressure immediately outside McBurney's point was even more distinct. Palpation in this area revealed a finger-like body which was painful to pressure, and, so far as could be estimated, was the swollen appendix. The temperature was 100.5° . The pulse 96. On the next day, however, examination of the patient revealed but little tenderness in the affected area, even on deep pressure, while on the other hand the lumbar region became markedly painful. The temperature now reached 101.5° , but the general symptoms were no longer those of appendicitis, whereas the urine on examination revealed all the characters of an acute hemorrhagic nephritis. Repeated tests of

serum for the
The patient
recovery.

ushering in n ("Nephro-

es as this are p to very many
we have seen w past two years
of the kind. In tw e patients the im
ical of acute nep as to entirely mask
e days the signs of enteric fever. The present
girl of 16 years who had already passed through a severe
abacute nephritis two years previously, and had not been
February of 1898, when she requested admission to the
senting all the ns of acut disease, viz., dropsy of
and all extre ies, pain miting, blurred
inished quantit urine c sts, etc., all of
ptoms superven
perature was 1
t was not defin
itched and ring
all the characte
tion of the ab
enlarged sple
aving to marked
and ed enlarged fo
ass high remitten
was made, giving on
react

No s developed at
The process of the case
one of interrupted rec
condition has assumed n
matous nephritis with sec
second sound
posed. The
ritis.
three days
an was not
sily be felt,
are likewise
lood serum
a positive
the disease.
erned was
the renal
parenchy-

"Of

SOME

The protean manifestat formed a
very large element in the Plato first
taught that the globus l are of the
uterus against the diapl believed

the condition due existing in man be our clinical have 1 of this some, than a notice. recent enough! have perpetuate structure illustrate disturbanc present some study of 1 than to the distribution of in any way to most cases quite difficult to determine true nature of

A few not very rare their rarity by various forms.

the existence of some new form of life. Within a very short period recently in numerous examples of the various forms maps, rather unusual and worthy of more these Dr. James Stewart has already made barking girl, whose intermittent uproars he hospital phonograph. So also of the arm and leg permanently, so far as we are ptotism. Others admitted quite recently the characteristic varieties of motor and which are always of interest and which at s in diagnosis to those not much engaged ses. This applies naturally rather to the unifestations, inasmuch as the irregular s localisation to areas not corresponding of nerve supply makes the diagnosis in either case, moreover, it is as a rule not nata diaboli" which help to elucidate the

examples are here noted, not because of it as illustrating in a group some of the

CASE I.

Herical p

un, 36 years the ankle and had per. His al disease here was tendencies to ad fallen somewhat da after this a condit a severe associating ed for th surmised und ther ditions he ed to aid

lower extremities with foot drop.

red the hospital complaining of weak- z in walking. He was a Canadian by employed as a machinist, baker and ways been moderate, and apart from u, he had had no maladies of import- pefice history nor evidence of heredi- amily. Some three years before admis- ad somewhat severely; as a result he ot lose consciousness for a moment. of a "pins and needles" feeling in the isted for months, and was soon fol- k, which he described as intermittent Two months after the accident, he f the difficulty in walking, due, as iption, to marked "foot-drop." On le difficulty in walking, while under ily, and in order to lift his leg he s hands. Ever since that time, now

more than three years ago, the patient has been more or less thus afflicted.

On entering the hospital he was seen to be in every way well nourished and apparently healthy, apart from the conditions of which he complained. His gait was the most characteristic feature; the feet, during walking, were lifted high in the air, the toes pointing to the ground. On returning them to the ground when raised, the toes first came into contact with the floor, the heels later, and with a sharp thud. There was a most obvious effort in walking to lift the toes well above the ground, though at times the patient utterly failed, leaving them meanwhile to drag, with inversion of the feet. This condition was marked in both legs, though much more so in the left. A slight ataxia was likewise prominent.

Examination of the nervous system revealed good voluntary power in the muscles of the upper extremities, as also in those of the right thigh; the muscles of the left thigh, however, were distinctly weakened, as well as those of both lower legs. The condition was briefly as follows: Right leg, complete inability to flex the ankles, slight power to flex the toes; extension fair but distinctly weakened. Left leg, absolute paralysis for extension and flexion.

The reflexes were throughout normal, except for some slight exaggeration of the plantar and patellar reflexes on the right side, and marked diminution of the patellar reflex on the left. *Electrical reactions* were normal. Romberg's symptom was slightly present. *Co-ordination* and muscular sense were otherwise normal; there was no disturbance of *sensation*. The *tâches cerebrales* were well marked.

After a short stay in the hospital of three weeks, the patient was discharged, being slightly improved. Six weeks later he returned practically in the same condition. An effort had been made by Dr. Stewart to hypnotise him but with only moderate success. Complete paralysis was now evident in the flexor muscles of the left foot. There was no evidence of atrophy nor of advance in the condition in any other way whatsoever.

The treatment employed throughout was unsatisfactory, inasmuch as after his second sojourn he was again discharged unimproved.

The question of diagnosis in such a case is not a difficult one, resting as it does mainly between three conditions, peripheral neuritis, anterior poliomyelitis, and functional or hysterical paraplegia. The condition having lasted for so great a length of time without atrophy and with but slightly altered reflexes and a total absence of progressive changes, as well as the healthy condition of the muscles in their

reaction to electrical tests, would be quite sufficient to exclude the anterior poliomyelitis, or any changes whatsoever in the condition of the ganglion cells in the anterior horns of the spinal cord. Multiple neuritis, too, is readily excluded from the absence of all sensory symptoms in the lower extremities, both subjective and objective; well preserved muscles, no atrophy, normal electrical reaction, the absence of any known cause, etc. The course and symptoms of the malady, moreover, would also render a transverse myelitis quite improbable. The mere fact that such a condition had gone on for three years or more without appreciable change in the nutrition of the parts, makes the diagnosis of hysteria absolute, and the prognosis could not be considered serious.

CASE II.

Hysterical paralysis of the lower extremities following each effort to walk a short distance.

The victim of this malady was, as might be expected! a girl of about 30 years of age, who was admitted to Dr. Stewart's clinic because of inability to walk.

The first manifestations appeared some 7 years ago with dragging of the left leg, from which, however, she partially recovered for two years or more. The recurrence ensued, and in a graver form of the disease, the patient being quite unable to walk for one year. Partial recovery again took place, and the patient was in the habit of taking fairly long walks every week for several years.

The condition persisted thus till the middle of 1895, when she again became worse and remained almost constantly in bed from July, 1895, to February, 1896. At this time marked weakness developed in the right leg, and the left became quite useless. Crutches were now employed till November, 1896, and since that period she had been fairly well till last year.

Her gait, as observed on admittance, was quite remarkable. Being held up by the nurse at first she would exhibit obvious efforts in beginning to walk, and progression was characterized by distinct shuffling and dragging of the dorsum of the toes over the ground with inversion of the feet: this was far more marked on the right side.

Although the first few steps were taken fairly well, until obvious weakness developed, each step was then succeeded by a weaker, till the patient fell into the attendant's arms. After a prolonged sojourn in the hospital the condition became gradually improved till by February, 1898, the patient left the hospital with complete use of her limbs.

The treatment was in the main directed on general principles, without the application of local remedies of any kind whatsoever.

CASE III.

Hysteria following operation for appendicitis; geometrical (glove and stocking) anæsthesia.

Among the less common forms of functional anæsthesia, though by no means a rare variety, is that affecting one or two extremities completely up to a certain well defined limit—such for example as the areas included in the whole forearm to the elbow—or the lower leg to above the knee—in other words, the condition described so aptly by French writers as glove or gauntlet anæsthesia and stocking anæsthesia.

A young girl who had successfully passed through an operation for appendicitis, complained two and a half weeks later of soreness in the right arm and leg, more particularly in the region of the elbow and knee. With this, there was numbness and weakness of the affected limbs. Examination revealed distinct paresis of both leg and arm, though without evidence of atrophy, or joint disturbance. Sensation, however, was quite absent over the whole forearm to a zone immediately above the elbow, while the same was found in the leg to just above the knee joint. In each case the limiting line was astonishingly well defined, and the anæsthesia of a general nature, *i.e.*, touch, pain and temperature. Furthermore, the skin was absolutely insensible to the faradic brush (electro-anæsthesia) and pin pricks would scarcely bleed at all, evidencing marked disturbance of the vasomotor system as well.

Examination elsewhere revealed no other evidences of hysteria except anæsthesia of the pharynx.

There was no history of lead intoxication.

The treatment now being adopted is directed to general improvement of her moral, mental and physical condition, with local application of the faradic wire brush.

CASE IV.

Hysterical tremor with marked affection of special senses.

In this instance there was no etiological factor discernible, there being no history of trauma or intoxications. The patient had suffered from several hysterical convulsions since three or four months, and later on developed a marked and coarse tremor, chiefly of the arms and hands—less so of the lower extremities. Even while lying quietly in her bed the arms and legs could be seen to tremble, often violently

the oscillations always being coarse and rapid. At times there were distinct contractures of the arms and legs with variable degrees of paralysis.

The gait is uncertain—at times markedly ataxic and at others undertaken with comparative ease.

With this are other stigmata, such as defective color vision, lost taste and smell and distinct alteration in hearing. The pharyngeal reflex is absent. Sensation to pain is variable from time to time, though the tactile and thermic sense seem present normally.

"OBITER SCRIPTA" III.

SOME INTERESTING CASES AFFECTING THE RESPIRATORY SYSTEM.

CASE I.

Serous membrane tuberculosis, involving pleura and peritoneum, with chronic non-tuberculous muco-purulent bronchitis. Terminal disseminated miliary tuberculosis.

Cases of this kind are always of very great interest and belong really to the more uncommon manifestations of tuberculosis. The victim of this disease was a young man, who, had according to his account been in good health up to the onset of his present illness.

History.—He entered the hospital on the last day of December, 1897, complaining of dyspnoea, cough, general malaise and an acute pain in the left side which had come on *suddenly* two weeks previously. All these symptoms had followed exposure to cold and wet and in a very short time copious expectoration and prostration supervened. There was a family history of tuberculosis.

On admission, his temperature was $100\frac{1}{2}^{\circ}$, his pulse 106, and the respirations 28 per minute. He was markedly anæmic and the skin was moist. Apart from some irregularity in the pulse, the circulatory system showed no other evidence of disease.

His *chest* was of a tuberculous conformation being long with an acute angle at the ensiform cartilage, widened intercostal spaces and generally flattened. Examination showed a left sided pleural effusion of moderate degree, while on auscultation a few moist râles were heard over the left apex; the breathing on the right side was harsh. The sputum was copious, muco-purulent in character, and repeated examination failed to give evidence of either tubercle bacilli or elastic tissue. The *digestive system* showed in the main, a full and tense abdomen with no spontaneous pain, and palpation revealed neither tenderness, tumour, nor evidences of fluid. The spleen and liver were of normal size. The urine gave no evidence of disease.

Course.—Throughout the course of the malady the temperature assumed the daily intermittent type; there was copious sweating and rapid emaciation, while the cough and expectoration persisted. Puncture of the pleural cavity revealed the presence of slight hæmorrhagic effusion, which on microscopical examination showed mainly a few blood cells and very few leucocytes which had undergone marked fatty degeneration. Death followed in less than three months after the onset of symptoms.

Autopsy.—The autopsy showed *bilateral hæmorrhagic pleurisy*, more advanced on the left side; tuberculosis of the peribronchial glands; a subacute more or less *dry chronic tuberculous peritonitis* which was obviously of longer standing than the pleural affection. The *mesenteric glands* were caseous and the *ileum* presented one small shallow ulcer evidently tuberculous in nature; the pericardium was free from disease. In the *lungs* there was a chronic simple mucopurulent bronchitis, but no evidences of chronic tuberculosis. The only other condition of interest at the autopsy was the generalised miliary tuberculosis which evidently had induced the lethal termination.

Remarks.—The special features of interest in this case are as follows:—A chronic peritonitis which had been completely masked through the acute symptoms in the pleural cavity; the course of the malady throughout; the presence of a simple mucopurulent expectoration with many râles in one lung, naturally arousing the suspicion of chronic pulmonary tuberculosis, though oft repeated examination for bacilli had been quite negative.

Infection had occurred here no doubt from the alimentary tract as seen by the condition of the ileum and mesenteric glands, the peritoneum being thereby secondarily involved. The pleura was infected through the diaphragm as is usual in cases of this kind where the peritoneum is the primary seat of disease. In many cases recorded by Vierordt, the pleura was first involved and the peritoneum secondarily, and not infrequently the pericardium was likewise secondarily affected. That authority has never seen a primary pericardial tuberculosis under such conditions.

Clinically, cases of serous membrane tuberculosis vary considerably, being often extremely insidious in the onset, at other times, as in our present case, very acute. It is unusual to find other organs of the body affected. Frequently a pleurisy, evidently tuberculous in nature becomes "healed" and then within some months after the pleural symptoms have disappeared, the peritoneum shows evidence of acute inflammation, and later on again the pleura becomes involved for the

second time. This feature in the course of the disease is often of aid in the diagnosis. It would appear that, from various observations made, fever is not a necessary accompaniment of the disease, though usually present. Dropsy is often a very marked symptom, and then the differential diagnosis between cirrhosis of the liver and serous membrane tuberculosis becomes extremely difficult, more especially where fever is absent. The difficulties are all the more striking when the spleen is palpable, for in many cases of this form of tuberculosis, that organ is distinctly enlarged. Indeed, observations have shown that not uncommonly cirrhosis of the liver occurs with serous membrane tuberculosis, usually as a result of an old standing peritoneal involvement and capsular fibrosis. When the double affection occurs the actual condition must present great difficulties of diagnosis though doubtless *one* of the two processes would readily be assumed. The *treatment* is on the whole unsatisfactory, puncture of the pleural cavity being recommended for effusions in that region, and laparotomy for the peritoneal affection.

CASE II.

Latent pyo-pneumothorax.—Signs of extreme pleural effusion ; normal temperature, pulse and respirations.

(The notes of this case are in part abstracted from the careful report of Dr. McCallum, one of the Resident Physicians).

A young woman who had cough, expectoration and dyspnoea, entered the medical clinic last April under Dr. James Stewart. She had been ill for nearly a year from influenza, so she stated, upon which a pneumonia had supervened. She was confined to her bed almost constantly from July to October with cough and frothy expectoration and slight intermittent attacks of dyspnoea. She never had had any hæmoptysis, nor were there sweatings, chills nor other evidences of pulmonary tuberculosis. The dyspnoea had at no time been very marked till two weeks before admission, which in this connection is a point of distinct interest, all the more so, inasmuch as she stated, that in December, of the past year she noticed splashing sounds in the chest on any rapid movement ; this only persisted for a few weeks, and the onset had never been attended with any acute symptoms or pain. Ever since the splashing had been observed however, she had also noticed palpitation of the heart on the *right* side of the chest.

There could be no doubt from the history given that the patient had been suffering from a pneumothorax contracted in the course of a more or less chronic pulmonary disturbance. In the absence of further history however, it was impossible to state more definitely the actual course of the malady.

Her condition on admission was very briefly as follows:—

She was distinctly anæmic, preferred the left lateral decubitus, other positions causing marked dyspnœa and distress. The temperature was 98°, the pulse 96 and the respirations 20 per minute. Examination of the chest showed a condition typical of that induced by *extreme left pleural effusion*; viz., fulness of the left side and obliteration of the intercostal spaces; diminished expansion; absence of vocal fremitus; a flat note on percussion from the extreme apex to the base; absence of breath sounds and of vocal resonance on auscultation. There was dulness too on the right side in front, close to the sternum, up to the 2nd rib, and at the level of the 3rd rib this dulness extended outwards for three inches and was continuous below with the hepatic dulness. In the 4th interspace three inches to the right of the sternum, was seen the diffuse apex beat of the heart and the dulness extended slightly beyond. Both basal sounds were markedly accentuated, but there were no murmurs. The spleen was distinctly palpable, being pushed down evidently by the superjacent fluid. The urine was normal. The sputum contained no bacilli of tuberculosis, and there were no signs at this time of pneumothorax.

On the day after admission 30 oz. of creamy pus was removed, though without altering to any marked degree the physical signs in the chest. Cultures made of the fluid remained sterile. Three days later she was again aspirated, and 15 ozs., removed. This time the heart receded slightly towards the normal position; there was a tympanitic note over the upper third of the left lung, and the Hippocratic succussion was readily obtained, and quite audible to those standing some distance from the bed. Beyond this feature, however, there were no definite evidences of pneumothorax, the coin sound and metallic tinkling not being elicited. Operation was urged but the patient refused, and nine days later she was aspirated again, this time 40 ozs., of creamy pus and lymph being removed. Great relief followed and the physical signs altered to a marked degree. There was a tympanitic note on percussion as far as the 4th rib, and from there down to the base the note was flat, the succussion splash, coin sounds and metallic tinkling being all readily obtained. Respirations were performed with greater ease, and the patient felt in every way so comfortable that she insisted on leaving the hospital the same day.

Throughout the course of her stay, with one day's exception, her temperature remained normal. The tuberculin test was not employed.

The case is of particular interest as illustrating how insidiously pneumothorax may sometimes develop and quite in the absence of the usual acute symptoms which call for urgent treatment.

Cases of this kind have been recorded by others, particularly by S. West of London, who mentions instances where in the so called apparently healthy, pneumothorax has been found from time to time, and in many instances associated with strain. Probably in 90 per cent. of cases tuberculosis is the main etiological factor though numerous instances exist showing other causes to be at work, and in not a few the antecedent condition has been, as in our own case, quite obscure.

OBITER SCRIPTA IV.

Casual notes from the Medical Clinic of the Royal Victoria Hospital.)

BY

C. F. MARTIN, B.A., M.D., ETC.,

Lecturer in Medicine, McGill University; Assistant Physician to the Royal Victoria Hospital.

AND

HARVEY SMITH, M.D.,

Resident Physician, Royal Victoria Hospital.

SOME ATYPICAL FORMS OF PNEUMONIA.

Year after year, diseases which are epidemic present variations not only in the individual cases but likewise in the disease as a class, and it is by no means easy to detect the reasons for these general departures from the usual types. Five or six years ago, for example, it was a common experience to find in the epidemics of typhoid fever, that diarrhoea was one of the most constant of the earlier symptoms, while on the other hand, more recently constipation has been present in probably 90 per cent. of the cases. In many of the epidemics too, in present years, the vast majority of the cases have been of the mildest type, while previously even with very much similar treatment, the number of fatalities was certainly greater.

So far as the incidence of pneumonia is concerned, the epidemics of influenza have had an undoubted influence on the statistics of the disease, as has already been noted by several authors. Rankin of Glasgow, for example, described some three years ago a series of cases following influenza where the features were distinctly unusual, there being a very insidious onset without rigor, pain or cough, and where nausea and gastro-intestinal symptoms were the prominent conditions. In these cases too, the temperature was markedly irregular and the pulse slow. Rendu, of Paris, and Gmeiner, have noted somewhat similar facts though in less detail, referring more especially to the gradual onset, the irregular temperature, and the termination by lysis rather than by crisis.

During the past season, it has been our experience at the Royal Victoria Hospital in meeting with an unusual number of cases of pneumonia, to find comparatively few typical so-called text-book types. Only two or three at the most, out of fifteen or twenty cases, have presented a frank pneumonia where the temperature has run from five to ten days a high continued course followed by a crisis. In many of the cases indeed, the onset has been most insidious, the initial symptoms continuing over several days, and being those rather of a mild form of influenza with slight malaise and perhaps chilliness, headache and gastro-intestinal symptoms, all of which are superseded after some days by the initial pleural pains of pneumonia. In several of the cases too, the gastric symptoms were so marked as to completely mask in the earlier stages, the true nature of the disease.

One case is peculiarly interesting as showing precisely the reverse of this mode of onset, the patient presenting the initial rigor within 12 hours of the time of exposure, his condition previously being that of perfect health. True rigors at the onset of the disease have been comparatively few, *i. e.*, in less than one-third of all the cases. So far as the children are concerned of which there have been 7 ill with pneumonia, the onset was likewise gradual and was in no instance demonstrated by convulsions which under ordinary conditions is apparently fairly common.

So insidious has the onset been in certain cases that it has only been through the ordinary routine examination of the lungs that the signs of consolidation were manifested, as in the case of one child who entered the hospital because of some pain in the neck, while in another instance, a child who was originally brought to the Outdoor Department on account of general malaise, was found to have the apex of one lung consolidated without there being any other subjective or objective signs of the affection. This same child who had for some five weeks a markedly high temperature accompanying the pneumonic process, was never at any time in any obvious distress, and insisted throughout the course of his malady on sitting up in bed.

Histories such as the following have been quite common in the present epidemic. The patient entered the hospital complaining that early in the malady for six days he had had coryza, neuralgic pains in the legs and sore throat followed by nausea and occasional vomiting. At no time did he have any chill. One week later, pain in the side developed and the patient, though endeavouring to keep on with his employment, was obliged to take to his bed, and a few days later came to the hospital, one lung being found in a state of partial consolidation. During the next week that he was under observation

there, his temperature assumed a distinct intermittent type as the chart will show, (Chart No. I) and although a complicating pleurisy with effusion was suspected on account of this irregularity in the fever we were never at any time able to obtain proof of its presence.

This question of temperature has been throughout the series of cases one of the most interesting features. In two patients where the ordinary basal consolidation was present without complications, the temperature assumed a markedly intermittent type for at least one week. Pseudo-crises have been the rule rather than the exception, there being often several in the same patient. Remittent temperatures and termination of the fever by lysis has likewise been among the commoner manifestations as will be seen from the accompanying chart No. II.

One of the patients in whom this was manifest was a young married woman in whose family during the same week there had already been two other cases of the same disease. Five days after the initial rigor, she took the cars for some distance towards the hospital and then walked a quarter of a mile in order to gain admission. She was practically moribund on being placed in bed and the heart itself was showing signs of failure, the second pulmonary sound being distinctly weakened. However, the condition fortunately subsided, and though no complications could be detected, the temperature ended in much the same manner as do ordinary cases of enteric fever.

Among other interesting features which have been noticed in the present epidemic has been the insidious manner in which pleurisy with effusion may complicate the disease, and in several cases where the temperature was either on the descent, or had already attained normal, fluid either serous or sero-purulent had collected without manifesting any appreciable alterations in the temperature. In one case indeed, the fluid collected within 24 hours, filling half the chest without there being any evidence to indicate it on the chart. Aspiration of this patient's pleural cavity, showed the presence of sero-pus which disappeared without further operation.

That pus may be present in the pleural cavity without appreciable chart alterations is of course a well recognised fact, but to have it completely fill the pleural cavity as in another instance, where the pulse, temperature and respirations were normal, is certainly among the very atypical forms of disease. In yet another of our cases delirium tremens was present and the pneumonia occupied but a very secondary part of the symptomatology. It is perhaps less uncommon to find in patients with delirium tremens a great elevation of temperature, and the condition may go on insidiously though much of the lung be involved.

Such was the condition in our case referred to where, though there was but slight rise of temperature, the rusty sputum and evidences of consolidation in a portion of one lung, were quite sufficient to make the diagnosis of pneumonia undoubted.

Examination of the blood showed that in most of the cases, leucocytosis was present, and it has been our experience to find that in the non-fatal cases, a good prognosis is certainly associated with its presence. To this, however, we have perhaps a slight exception, in a young child whose condition was so severe as to be considered practically beyond hope, and only 8000 leucocytes were present. The disease became bilateral, the pulse reached 175 per minute, and the respirations 72; for a time likewise there was Cheyne-Stokes respiration. A few days ago, however, a crisis appeared and the patient is now convalescing. It should be stated, however, that the day after the crisis the leucocytes reached 16,000 to the cubic millimetre. The most marked leucocytosis present in any case was 44,000 to the c.mm.

Delayed resolution had not been uncommon, the signs of consolidation persisting often for many days after a crisis would have been expected. In two instances occurring some months ago, delayed resolution was of such a nature as to arouse the suspicion of a tuberculous pneumonia although the temperature had attained the normal for some days. Tuberculin was injected without a definite reaction, and a correspondingly good prognosis was given to the friends, a proceeding which was finally found to be quite justifiable, the patients both ultimately making a good recovery.

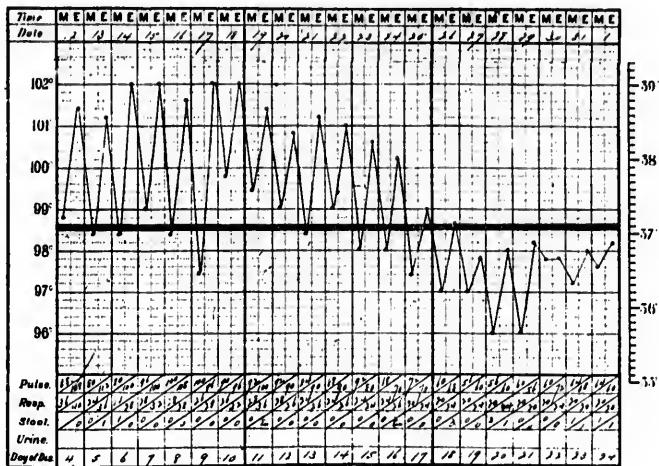


CHART I.

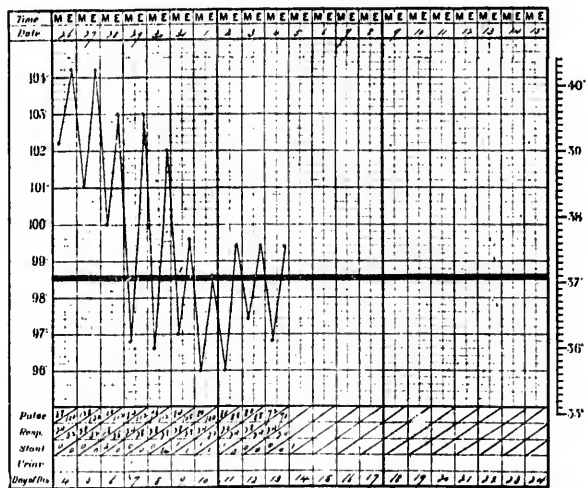


CHART II.

