PROGNOSIS.

It seems almost impossible to give any data on which to form a sound prognosis. My impression has been that the hyperkinetic is more virulent in type, and more difficult to treat, than the somnolent-ophthalmic or amyostatic type. I have seen several deeply cataleptic cases recover. On the other hand, the severe paralytic type, which simulates cerebral haemorrhage, is probably the most serious of all.

The prognosis is always grave, as noted by Farquhar Buzzard⁸ and others. My percentage of complete recoveries up to date is only 50. I would, however, strike a sanguine note, always admitting that virulent types and virulent cases do occur. One patient with mania of a most violent and acute type completely recovered in all respects, and a lad with change of character for twelve months has become normal. The Parkinsonian facies has already disappeared in over 50 per cent. of these cases.

I fear that there are many conclusions in this paper left as it were "in the air." I must plead that the disease "though old is new," and therefore it is premature to form other than hypothetical conclusions in many important details.

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THREE SIMULTANEOUS EMPHYEMATA FOLLOWING PNEUMONIA.

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On January 3rd P. S., aged 29, a bus driver, developed severe pneumonia, which, when I saw him on January 11th, had caused complete consolidation of the whole of the right lung and of the left lower lobe. The temperature became normal on January 12th, and so remained until January 21st, when it rose to 100°; three days later his medical attendant, Dr. Hubert Cox, reported that he had developed signs of emphyema on both sides.

The patient was admitted to Queen's Hospital, Birmingham, on the morning of January 25th. He was cyanosed,

SKIAGRAM NO. 1.

breathed rapidly and with great difficulty, and was extremely ill; the temperature was normal. He had signs of a large emphyema at the left base, another over the front of the right lung, and a third at the right base. The axillary region was resonant.

Mr. Gemmill saw the patient with me and decided to operate immediately on the largest collection—namely, the left emphyema—which was drained after resection of a rib; 50 ounces of thick greenish pus was removed; microscopically and by culture the pus showed pneumococcus and pneumobacillus, and from it a vaccine was made and administered

SKIAGRAM NO. 2.

subsequently at intervals of a few days. On January 31st the emphyema at the right base was aspirated and 27 ounces of pus withdrawn.

On February 7th skiagram No. 1 was taken; it shows the tube in the left chest, the round shadow of the emphyema over the front of the right lung, and the denser shadow of the collection at the right base.

On February 10th the anterior collection was aspirated, but only 7 ounces of pus obtained. Skiagram No. 2, taken on February 13th, shows how much pus remained unaspirated. By February 16th the patient's general condition had so much improved and the expansion of the left lung was so satisfactory that we decided to drain the remainder of the right basal collection, and after resection of a rib Mr. Gemmill completely evacuated it.

A few hours after the patient had returned from the operating theatre a discharge of 26 ounces of pus suddenly occurred through the tube. The anterior emphyema had evacuated itself.

Thereafter the patient's progress was rapid: both lungs expanded well, the tubes were removed, and no abnormal physical signs remained. Skiagram No. 3, taken on March

SKIAGRAM NO. 3.

24th, two months after admission, shows no abnormality. The patient left the hospital looking fat and well, feeling better, he said, than he had ever felt in his life.

The result was very satisfactory; whether we went the right way to get it is quite another question.