

CORRECTION.

We regret that in the 'Description of Figures' (p. 189) in Part IV of the "Studies in Pneumonia in Childhood" certain numerical errors occurred. In the following the necessary corrections have been made.

DESCRIPTION OF FIGURES.

PART IV, PAGE 189.

Fig. 5 ($\times 2$). (Case I. Male, aged 6 months.) Ulcerative bronchitis and confluent broncho-pneumonia in right upper lobe. Bronchi distinctly enlarged; majority filled with pus B = bronchus illustrated in Fig. 9.

Fig. 7 ($\times 2\frac{1}{2}$). (Case IV. Female, aged 15 months.) Early bronchiectasis in right lung. One cavity of considerable size towards pleural surface. Several other bronchi enlarged. Confluent broncho-pneumonia in relation to affected bronchi. Obliteration of interlobar fissure. B = portion of bronchiectatic cavity illustrated in Fig. 11.

Fig. 8 ($\times 2$). (Case V. Female, aged 16 months.) Early chronic bronchiectasis with terminal acute pneumonia in left lung. B = bronchus illustrated in Figs. 14 and 15.

Fig. 9 ($\times 60$). (Same case as Fig. 5.) Ulcerative bronchitis. Bronchial wall completely destroyed and margin of cavity formed by consolidated alveoli. Plug of pus in lumen.

Fig. 10 ($\times 60$). (Same case as Figs. 5 and 9.) Ulcerative bronchitis. Bronchial wall completely destroyed at one side (A) and relatively healthy at the other.

Fig. 11 ($\times 110$). (Same case as Fig. 7.) Early bronchiectasis. Diverticulum of large cavity. Reconstitution of wall by granulation tissue.

Fig. 14 ($\times 60$). (Same case as Fig. 8.) Bronchus in which disintegration and erosion of half of the circumference had occurred and in which repair was in process. Intact wall on the left; denuded and excavated wall on the right of the field. A = portion of wall shown in Fig. 15.

Fig. 16 ($\times 120$). (Same case as Fig. 4.) Wall of damaged, slightly dilated, bronchus. Whole thickness of wall composed of very vascular fibrous tissue, infiltrated with inflammatory cells; muscle absent. Epithelial lining formed of several layers of small cuboidal cells.

Fig. 17 ($\times 300$). (Same case as Fig. 6.) Obliterative bronchiolitis. Original wall of bronchus destroyed. Organisation of exudate in lumen by young fibroblasts in process and leading to obliteration. Small amount of pus still present in centre.

Fig. 18 ($\times 300$). (Same case as Figs. 8, 14 and 15.) Organizing pneumonia. Alveolar space seen, partly occupied by a mass of proliferating fibroblasts and young connective tissue fibres attached to the wall at one point. A few inflammatory cells, remnants of exudate, present.

Fig. 19 ($\times 120$). (Same case as Figs. 4 and 16.) Chronic fibrosis of lung, with obliteration of alveoli. A few remnants of alveoli represented by small epithelial lined spaces. Dense aggregation of lymphocytes marks site of obliterated bronchus.

In the Text.

Page 180, line 29, for Case I substitute Case III.

Page 183, sixth line from bottom, for Case IV substitute Cases III and V.

Page 184, line 10 from top, for Fig. 15 substitute Fig. 17.