Taking these experiments, then, for what they are worth, we probably need not fear to use a pressure of from 230 to 260 cm. (8-9 feet) in treating these acute cases of intussusception, where the intestine is apparently otherwise healthy.

Dr. Whitney has carefully prepared the specimen, but has not until now attempted to fully reduce the invagination and thus determine whether abdominal section would have been of any avail.

A CASE OF LOBULAR PNEUMONIA.¹

BY T. M. ROTCH, M. D.

THE following case is reported as one of lobular pneumonia, the physical signs in the lungs being the most prominent feature of the attack, and, in connection with the severity of the constitutional symptoms, making the fact of the patient's complete recovery of unusual interest clinically. A woman, aged thirty years, unmarried, and always delicate, after complaining of loss of appetite and weakness for six or seven days, and with a history of exposure to cold while sweeping, was seized December 16, 1879, with vomiting, epigastric tenderness, and headache, and was found to have a pulse of 120 and a temperature of 104° F. I saw the case with Dr. Charles Williams, and a physical examination showed the lungs and heart to be normal. The vomiting ceased on the 18th, but the pulse continued to average from 120 to 130, and the temperature, both morning and evening, to be 104° F. This state of affairs continued until the evening of the 22d, when an examination of the lungs showed for the first time a variation from the normal, consisting of harsh respiration and a slight degree of circumscribed dullness over a portion of the right lower lobe behind, just below and to the left of the scapula.

December 23d. Coarse moist râles were heard over the dull region and there was cough and a moderate amount of sputa consisting of thick yellow mucus, with a slight amount of bright red blood at times.

December 24th. Harsh respiration was heard over the left lung also, but the râles and dullness were still confined to the area about two inches in diameter, first noticed in the right lung. Temperature 103.5° F.—104° F.; pulse 160; respiration 50.

December 25th. The dullness had disappeared from the right lung, though the circumscribed moist râles remained; two or three small circumscribed areas of moist râles were also found in the back of the left lung, and a slight degree of dullness over one of these areas.

December 27th. A few circumscribed areas of dullness and moist râles over right front.

December 28th. No râles or dullness over right front,—the râles were finer in right back. Over the left back the dullness and râles were confined to an area about three inches in diameter below and a little to the right of the scapula, and in this region there was bronchial respiration. The blood had disappeared from the sputa; there was no enlargement of the spleen or tenderness of the abdomen, and the bowels were constipated.

December 29th. Good resonance over both fronts

and a few sibilants and sonorous râles; râles as before in both backs.

December 30th. Slightly delirious; coughed more and sputa contained streaks of blood. Physical examination as before.

January 3d. Has been growing weaker and picks at bedclothes. The pulse and respirations have remained the same, the temperature about 100° F.; has been so weak that no physical examination could be made.

January 5th. Takes food more willingly and looks better, but is still completely prostrated; the delirium has passed off.

January 7th. An examination of the lungs showed good resonance and no râles over both fronts and backs; the respiration was still, however, rather harsh.

January 12th. Has been steadily gaining in appetite and strength. Pulse 120; respiration 28; temperature 99.8° F. Less cough.

From this time until January 26th the temperature, pulse, and respiration remained the same. At one time a circumscribed area of dullness and râles was again found in the right back, and an abdominal abscess formed, which had to be opened. By January 29th, however, the patient was sitting up, the abscess had discharged and closed, the lungs were found to be normal and the temperature 98.8°; respiration 32; pulse 116. The patient was sent to the country and gained steadily in appetite, weight, and strength. Since her recovery she has been well and strong, and an examination made March 2, 1882, showed the lungs, pulse, respiration, and temperature to be perfectly normal. The treatment consisted of large doses of brandy and quinine.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE AND PATHOLOGY.

ALBERT N. BLODGETT, M. D., SECRETARY.

MARCH 9, 1882. Meeting called to order at 8.15, Dr. G. B. SHATTUCK, presiding.

Dr. F. MINOT presented a paper entitled

A CASE OF CHOREA TREATED BY ARSENIC.¹

Dr. BOWDITCH said that it certainly seemed that the arsenic had a decided effect, but it was a question if the changed surroundings of the patient, from her previous residence, to the hospital might not have had some influence upon the disease.

Dr. MINOT replied that the child was at a boarding-school, and came from a good home. In the hospital she was, nevertheless, the subject of special care, being in a separate room. The effect of treatment was marked and immediate in respect to the violence of the movements. The disease undoubtedly ran its normal course, but the severity was modified. Arsenic and quinia are known to have a decided effect in chorea. The duration of the disease was fifty-six days; the duration of treatment was twenty-nine days, when the patient was well. The child had never had rheumatism and there was no cardiac murmur.

Dr. BOWDITCH asked if the medicine would have had the effect observed in her treatment at the hospital if administered while the child was still at school.

¹ Vide page 319 of this number of the JOURNAL.

¹ Reported at the meeting of the Section for Clinical Medicine and Pathology of the Suffolk District Medical Society, March 9, 1882.