tracted by amyl alcohol, and precipitated in great part by basic lead acetate. Its solutions show no absorption bands, thus differing from solutions of the urorosein of Nencki and Sieber. Solutions in ether and in chloroform show a beautiful green fluorescence; a solution in amyl alcohol is weakly fluorescent, one in ethyl alcohol not at all. A process is given for the extraction of this coloring matter from the urine.

CHANGES EFFECTED IN THE URINE BY A MILK DIET.

According to Chibret,¹⁹ the amount of urea excreted daily is very largely increased under the influence of a milk diet. When the milk diet replaced wholly the ordinary mixed diet, the increase amounted to sixty per cent.; when the milk formed only a part of the diet, the increase amounted to thirty-five per cent. These statements are based upon the daily estimation of the urea excreted by two patients before, during, and after a milk diet of two months' duration, and a comparison of these results with those obtained from the urine of a person in health. As one of the patients, who was somewhat obese, lost flesh, while the other, who was thin, increased in weight, and the same results were obtained in the two cases, it is evident that the increase in the excretion of urea was not caused by denutrition.

C. Méhu²⁰ has frequently detected sugar in the urine of patients with albuminuria, who had been kept on a milk diet for a longer or shorter period. The quantity of sugar was ordinarily so small as to be easily overlooked in applying the ordinary Fehling's test. The amount present did not, as a rule, exceed 0.2 per cent., and only rarely amounted to 0.4 per cent. When the milk diet was suspended, the sugar gradually disappeared.

Similar results were obtained in scarlet-fever patients with or without albumin in the urine. In those cases in which the largest amount of sugar was detected, the urine was passed in small quantity, and was rich in urea and mineral salts, although, ordinarily, a milk diet tends to increase the amount of urine. The author has not determined whether the variety of sugar present was glucose or lactose. He has estimated it as glucose.

The author considers that the presence of a notable quantity of sugar in the urine of scarlet-fever patients is possibly an indication that the kidneys have not as yet regained their normal physiological power.

Clinical Memorandum.

A CASE OF ACUTE LOBAR PNEUMONIA WITH PROTRACTED FIRST STAGE.

BY J. D. JONES, M.D., UTICA, N. Y.

BENJAMIN J., aged twenty-two, of good constitution, but a hard drinker, was in his usual health up to September 28, 1887, when he had a severe chill. He was so ill that he kept his bed, but did not call a doctor till October 2d. He was then complaining of headache, a slight cough and vomiting. His pulse was 120; temperature, 104.5°; Respiration normal. Pneumonia was suspected, but physical examination of the lungs revealed nothing abnormal. His bowels

were loose, owing to some "opening medicine" he had taken. Gurgling was obtained in the right ileo-cæcal region — a sign found in looseness of the bowels from any cause. He was given some antipyrine to reduce his temperature.

October 3d. A. M. Pulse, 102; Temperature, 102.5°; Respiration normal. Headache, cough and persistent vomiting. P. M. Temperature, 103.5°; other symptoms the same as in the morning. As six days had now elapsed since the chill, and physical examination of the chest revealed nothing abnormal, and owing to the prevalence of typhoid fever in the city, the case was reported to the board of health as one of that disease.

October 4th. He was delirious last night and to-day he complained of severe stitch in his right side. Severe epistaxis. A. M. Pulse, 102; Temperature, 102°; Respiration, 32. P. M. Pulse, 104; Temperature 103.75°; Respiration 32. A crepitant râle was heard over the lower lobe of the right lung posteriorly.

October 5th. A. M. Pulse, 108; Temperature, 103.5°; Respiration, 48. The physical signs of consolidation were heard over the posterior aspect of the right lung.

October 6th. The whole of the right lung is now consolidated. It will not be necessary to give the details of pulse, temperature, respiration, etc., the case pursuing the usual course of a severe pneumonia with active delirium throughout, and ending fatally October 14th, ten days after the crepitant râle was heard, and seventeen days after the chill.

Dr. Wilson Fox, in his article on "Pneumonia" in "Reynolds System of Medicine," says, "Rigors may precede by a period of from twelve to twenty-four hours, or even in some cases, of from three to four days, all other symptoms and local signs of pneumonia with the exception of pyrexia." Other authorities give three to four days as the extreme duration of the stage of engorgement.

I report this case lest others may be misled by their text-books on this point — and, possibly, to spare them the humiliation of having reported as typhoid fever, what subsequent events proved to be a case of acute primary pneumonia.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.

C. P. STRONG, M.D., SECRETARY.

MEETING October 3, 1887, DR. J. W. SWIFT in the chair.

DR. BLODGETT showed the organs from an autopsy which had been made on the day of the meeting.

The case was one of carcinoma, which was peculiar in the seat of its primary development, it having arisen from the cicatrix in the centre of the umbilicus.

The umbilicus presented the appearance of being much enlarged, and protruded about one centimeter beyond the level of the surrounding skin. Its centre was the seat of a loss of substance by ulceration, by which a cavity had been formed, about one centimeter in depth, and the same in diameter.

The panniculus adiposus was remarkably developed, the layer of abdominal fat being more than an inch in

¹⁹ Journal de Pharmacie et de Chimie, September 15, 1887, p. 275.

²⁰ Journal de Pharmacie et de Chimie, August 15, 1887, p. 146.