was removed, and resumed if the temperature again exceeded 103° Fahr.

The first case entered the hospital on the third day after the attack. On the second day after his entrance the wet-sheet was employed thrice. He remained in the sheet the first time, two hours and forty-five minutes; the second time, an hour and a half, and the third time, an hour and ten minutes. On the second day the wet-sheet was employed once, and continued for one hour. On the third day the wet sheet was not employed, the temperature not rising above 103°. On the fourth day the wet-sheet was employed once, and continued for an hour. There was complete defervescence on the fifth day, and no return of the fever afterward. Dating from the attack to the cessation of fever, the duration of the disease was seven days. The patient had no treatment prior to his admission into the hospital. The treatment in the hospital, in addition to the employment of the wet-sheet, consisted of carbonate of ammonia in moderate doses, whiskey given very moderately, and a little morphia. The patient was up and dressed five days after the date of the defervescence. There were no sequels, and the patient was discharged well.

The second case entered hospital seven days after the date of the attack. She had no medical treatment prior to her entrance. The wet-sheet was employed on the second day after her admission, and continued for six hours. Complete defervescence took place on the third day. Recovery followed without any drawbacks. Both lobes of the left lung were involved in this case. The invasion of the second lobe, probably, was about the time of her admission into hospital.

The third case entered hospital three days after he was obliged to give up work. On the day of his entrance the wet-sheet was employed, and continued for ten hours. The wet-sheet was employed on the second day after his admission, and continued for five hours. Defervescence took place on this day. The duration of the fever was five days, dating from the time he was obliged to give up work and seven days from the occurrence of chills and pain in the chest.

Dr. Flint said the histories of these cases as bearing upon the treatment employed were of considerable interest. They certainly show that in cases like those which were selected, the treatment is not hurtful. More than this, they render probable the inference that the disease was controlled and brought speedily to a favorable termination by the treatment. They also go to show that the disease is essentially a fever, and that treatment is to be directed to it as such, and not as a purely local pulmonary affection. It remains to be determined by further observations how often and to what extent this method of treatment has a curative efficacy. It is also an important object of clinical study to ascertain the circumstances which render the treatment applicable to cases of pneumonic fever, and, on the other hand, the circumstances which may contra-indicate its employment in this disease.

To this series Dr. Flint adds a supplementary case of decided interest in which the pneumonia began in a well-pronounced chill, fever, headache, pain under the left nipple, cough, and a feeling of general prostration. Being without a home, the patient spent the time from Feb. 18th to the morning of the 21st in a lumber yard without food, and with no shelter but a pile of boards. During this time there was a snow-storm of considerable severity, and the temperature fell as low as 10° Fahr. On admission there was a dusky redness of the face, and the expression was anxious; pulse 122, respiration 52, temperature 102.25°. He complained of dyspnœa, pain in left side and cough. The expectoration was semi-transparent, adhesive, and had a reddish tint. Increased vocal fremitus, dullness, bronchial breathing, and bronchophony over the left lung.

Treatment.—Whiskey, ℥ ss, Ammoniæ carb., gr. v, every two hours, and a milk diet. Temperature in the afternoon, 104.25° F.

22d. Temperature, a. m., 99°; p. m., 99.25°. Pulse 115 and feeble. Ordered tr. digitalis, gtt. x, every three hours.

23d. Patient improved. All the signs of solidification are yet present, and the crepitant râle is heard behind. Pulse 70 and full. Digitalis discontinued. Respiration 32. Flush had disappeared from the face.

24th. Temperature, a. m., 98.25°; p. m., 98.25°. The physical signs now show beginning resolution. Dullness is less marked, bronchial respiration has given place to broncho-vesicular, bronchophony to increased vocal resonance, and the subcrepitant râle is frequently heard.

25th. Much better. Temperature, a. m., 97.50°. Has a good appetite, takes beef-tea and milk.

28th. Patient is up and dressed.

Two inquiries suggest themselves in connection with the history of this case. One is, did the disease end from an intrinsic tendency to recover in spite of the circumstances under which the patient was placed for the first two days of his illness? It is, of course, absurd to suppose that the disease was arrested by the whiskey and ammonia which were given after his admission into the hospital. The second inquiry is, did the exposure in the open air for three days shorten the duration of the disease by means of an antipyretic effect? These inquiries are submitted by Dr. Flint without discussion for the reflection of the reader.

TREATMENT OF CHRONIC PROSTATIC ENLARGEMENT.

Mr. Thos. Smith, surgeon to St. Bartholomew's Hospital, in a recent lecture published in the London *Medical Times and Gazette*, gives the following advice on the above subject:—