

cleared up and there was no subsequent return of fever. On two subsequent occasions within a year from her first illness of this nature, she had two other similar attacks of hæmaturia without fever. Quinine was given on both occasions with immediate improvement.

B. Annie C., aged 3, had a chill followed by fever one afternoon, the following morning she played with other children and seemed apparently well. That afternoon she had fever again, and a severe convulsion; during the night following she passed bloody urine frequently. Quinine was administered during the second paroxysm of fever and continued for a day or two. The urine cleared up on the third day of her illness, during the afternoon of which she had a slight fever; she was, however, soon quite well. In both these cases the microscope revealed blood corpuscles apparently unchanged in shape. The nature of the morbid action in these cases is inferred to some extent by the mode in which they were effected by the remedial agent employed. The evidence, if not demonstrative, is highly probable.

Hysterical Vomiting.

Miss S., aged 19, a hyper-sensitive, active, highly strung young lady, neither petite nor corpulent. Had been ill for a year, vomiting daily once or more; there was no loss of flesh, and no symptoms pointing to organic lesion. Her appetite was good, tongue clean, and bowels regular. She complained of heaviness of her limbs, weariness, melancholia, frontal headache, burning sensations in the stomach, cardialgia and gastralgia. She had been under the care of several physicians, and every known remedy had probably been tried and failed. Her uterine functions were normal, with the exception of slight dysmenorrhœa. Physic and diet evidently having been faithfully and systematically used without any encouraging results, and no lesion being discoverable, to account for the persistence of the vomiting, the difficulty was supposed to be neurotic. She was advised to desist from medicine entirely, to pay as little attention to the stomach as possible, to direct her attention to other subjects and to go out into the world. Her friends were instructed to pay little heed to her complaints or her vomiting. As a result, within a month, the vomiting almost ceased, and in a very

short time she became, instead of a "hysterical vampire," a cheerful, useful member of society.

Sudden Deaths in Pneumonia.

W. K., aged 30, a young healthy man with a good family history, but at times somewhat intemperate in his habits. Had contracted pneumonia which progressed typically but favorably until the tenth day of his illness. I saw him on the morning of that day, when his condition appeared as propitious as could be desired. Temp. normal, resp. 22, and pulse 70. There were, however, some crepitations and bronchical breathing, with dullness in the lower half of right lung posteriorly. He was in good spirits and hungry. He felt so well that evening, that he requested his mother, who was nursing him, not to remain up during the night. She was however awakened by him, shortly after she had retired, and found him suffering severely from a cramp in one of his legs. Rubbing the limb briskly not relieving the pain, he insisted upon getting out of bed and walking it off. After taking about a dozen steps, assisted by his mother, he asked in a feeble voice to be laid on the bed again. On doing so, it was noticed that he seemed to gasp once or twice and then cease to breathe. His thoracic viscera were examined about 24 hours after death. The middle and inferior lobes of the right lung were found in a condition of red hepatisation,—there was also about seven ounces of bloody fluid in the right pleural cavity. The right side of the heart and pulmonary artery were filled with clotted blood, no evidence of endocarditis was discovered. About the same time, Dr. Bullis of Dresden lost a case of pneumonia that Dr. Holmes had seen in consultation, under somewhat similar circumstances. His patient was progressing favorably towards convalescence, when some one unwisely gave the alarm of fire just outside her room. She suddenly sat up, got out of bed and almost immediately fell back dead.

This formidable accident of sudden death in pneumonia, although not usually referred to in the text books, is one that must be apprehended in all cases until convalescence is fully established. It usually occurs during the period of supposed convalescence, when an early and perfect restoration to health is prognosed by the physician and looked forward to by the patient and friends. Sudden arrest of the heart's action, which is the cause of