

ing the last fortnight of January, 1889, the first to fall ill being the father, who died on the 22nd, the fifth day of his illness. On this day his wife was attacked, and she too succumbed on the fifth day of the disease. Whilst she was ill, her son, who constantly visited his parents during their illness, himself was attacked on the 26th. He was thirty years of age, strong and temperate, but succumbed on the twelfth day of the attack. Further, his sister, who had come from Arendsee, near Stralsund, to be with her sick parents, and who stayed in their house from the 22nd to the 26th, was attacked at Arendsee on the 29th, and was admitted into the Griefswald Hospital. She alone recovered. Dr. Mosler points out that the parent's house was dry, the two rooms they inhabited were well ventilated and clean, and that there had been no illnesses in the house within the past five years. He thinks the father must have acquired his pneumonia outside, and that the disease was communicated in turn to the members of his family by contagion through the sputa. In the case of the son a post-mortem examination showed that the form of pneumonia was not the typical one: it was more lobular, was accompanied by a hæmorrhagic pleurisy, and by swelling of the spleen. Moreover, an examination by Professor Grawitz of some of the fluid withdrawn from the lung of the daughter during the height of the disease resulted in the discovery of bacilli resembling those of rabbit septicæmia, but neither the pneumono-bacillus of Friedlander nor the pneumonococcus of Fraenkel was found. In the case of the son the blood from the heart yielded a similar micro-organism. Dr. Mosler thinks that such facts, as well as the peculiarities of the morbid anatomy of the latter case, suggest the occurrence of a special form of pulmonary inflammation, owning a cause different from that of the ordinary form. He sees in such cases a reason for believing that many varieties of poison may give rise to pneumonia. But the main lesson from the cases is that of contagiousness, and the need for the careful disposal and disinfection of the sputa, which he believes to have been the infective medium

in these cases. He refers to recent contributions of Finkler and Cantani on infectivity of pneumonia, the latter recording some striking instances where the disease was more of the lobular than the lobar type.

TREATMENT OF TAPE-WORM.

An editorial on the "Treatment of Tape-Worm," in the *Age* of May 25, recalls a patient who had at different times submitted himself to treatment, but failed to secure the removal of the head. I prepared a remedy which I had some years prior copied from the columns of the *Druggist's Circular*, and administered it as directed, and in two hours and fifteen minutes had about sixty feet of worm, including the head. Since that time I have administered it to more than twenty patients, the last patient myself, and in each case have been successful in removing the head. The remedy produced neither pain or nausea.

I herewith give the formula, hoping it may prove as efficient in other hands as it has in my own :

R. Bark of pomegranate root,	$\bar{3}$ ss.
Pumpkin seeds,	$\bar{3}$ j.
Ethereal ext. male fern,	$\bar{3}$ j.
Powdered ergot,	$\bar{5}$ ss.
Powdered gum Arabic,	$\bar{3}$ ij.
Croton oil, gttts.	ij.

The pomegranate root and pumpkin seeds to be thoroughly bruised, and with the ergot boiled in eight ounces of water fifteen minutes and strained through a coarse cloth. The croton oil to be well rubbed with the acacia and extract male fern, and then formed into an emulsion with the decoction. Sig. A large dose of Rochelle salts to be taken the preceding night, with no breakfast the following morning. At 10 o'clock a.m. give the emulsion at one dose.—*Medical Age*.

LARVÆ OF FLIES IN THE NASAL FOSSÆ.

An interesting example of this accident, which is not uncommon in tropical coun-