

the positive electrode being applied in the fossa, behind the angle of the jaw, and the negative on the epigastrium. A current of from ten to thirty cells is used, according to the condition of the patient and the amount of reaction. The stable galvanic current is the proper one. The applications should be made daily for ten minutes at a time. This will tone up the sympathetic, which is the seat of the disorder; it will moderate the action of the heart, contract the dilated vessels and diminish the size of the thyroid. I am particular in saying that the constant galvanic current will cure uncomplicated cases of exophthalmic goitre, and I must insist on that proposition. There are many cases in which complications exist, the most usual being in the heart and great vessels. Such lesions, being permanent, cannot be removed by such a remedy. On the other hand, there are certain cases which are entirely uncomplicated, in which there is purely a functional derangement of the sympathetic system. That functional derangement is entirely removed by galvanic stimulation.

We must, however, not lose sight of the fact that the treatment is not directed solely to the ganglia of the sympathetic, for if one electrode be placed behind the angle of the jaw and the other on the epigastrium, there are within the circuit not only the cervical sympathetic, but the pneumogastric, the descendens noni and the cardiac branches of the sympathetic.

CATARRHAL JAUNDICE.

In this case the diagnosis is comparatively easily made. Looking at this patient, you see that he is jaundiced; the conjunctiva is very yellow, and the skin has a distinctly yellow tinge. Let us now turn to the history, for the history of every case needs to be very carefully investigated; and in a case like the present, the history may of itself furnish the data for a diagnosis.

Three weeks ago the patient began to feel distress in the epigastrium. Taking but a small quantity of food into the stomach sufficed to bring on a choking sensation, and caused him to feel filled up. There has been more or less nausea and occasional attacks of vomiting, and this was especially marked during the past week, when he vomited six times. The tongue is coated with a thick, yellowish fur, which is especially marked on the left side. The passages are whitish, and entirely wanting in their normal color. I inquired whether the stools were mal-odorous, for, as you know, bile prevents the decomposition of the food, and when the bile is wanting, the food may undergo ordinary putrefactive decomposition, and the stools in consequence, may be very offensive. The bile evidently does not flow into the intestine, and we see that it passed backward into the blood. It being eliminated by the kidneys, as shown by the appearance of the urine.

How much pressure is required in front to make the bile pass back into the blood? It has been ascertained by actual observation, that if there is catarrh of one-half an inch of the ductus communis choledochus, with swelling of the mucous membrane at its termination at the duodenum, this will produce sufficient obstruction to prevent the flow of bile into the intestine, and cause it to pass back into the blood.

There are supposed to be two forms of jaundice, hepatogenous and hematogenous. In the former the jaundice is due to reabsorption of the bile; in the latter to the disorganization of the red blood globules.

In the present case we have a history of gastrointestinal trouble followed by jaundice. We know that these attacks of biliary disturbance are exceedingly common in malarious districts. This man has been living in a malarious section of the country until the past three months. Malarial poisoning may cause jaundice in two ways; first, by producing a catarrh of the ducts, and second, by its action on the hepatic cells. We know that in chronic malarial toxæmia, the hepatic cells are crowded with bile pigment. It is probable that the poison which causes malaria acts directly on the hepatic cells, increasing the formation of pigment, and favoring its deposit in the body. In this case there is a distinct malarial element, which has much to do with the disturbance. This has a practical bearing, for these cases, although they may present no obvious malarial trouble, are not readily cured without the administration of an antiperiodic.

Taking these things into account, we come to the conclusion that this is a case of catarrhal jaundice, and that there is also a malarial element.

Such is the therapeutical diagnosis. What are the most useful remedies? The phosphate of sodium is the most efficient remedy for causing the catarrhal process to disappear, and to favor the flow of the bile into the intestine. It will be given in drachm doses three times a day. In this case it will be advantageous to combine with it the arseniate of soda in the dose of $\frac{1}{10}$ of a grain three times a day. We must not disregard the malarial impression. I will direct the salicylate of cinchonidine five grains three times a day. This is a most efficient substitute for sulphate of quinine in ordinary malarial attacks.

LYMPHADENOMA.

At first sight this case may not seem of much importance, but in reality it is of great importance. There is, as you see, a bunch of enlarged glands on each side of the neck. The axillary glands are also enlarged, and I also find that the area of splenic dulness is increased.

That disease characterized by progressive enlargement of the lymphatic glands, by splenic changes and profound anæmia, is known as lym-