

phthisis when complicated with nephritis. In tuberculosis of glands or mucous membranes the reaction is occasionally found. It is constant in miliary tuberculosis. In typhoid it is found in the mildest attacks in the first and second periods of the disease. As long as the diazo reaction is present in urine, typhoid patients cannot be considered convalescent. If in convalescence of typhoid the reaction sets in, it is generally a sure sign of a relapse. The author recommends the test on account of the prognostic value in typhoid and tuberculosis.—*Med. Record.*

The Anaphrodisiac Action of Thyroidin.

Anaphrodisiacs are not greatly in demand in therapeutics, though various drugs are known to exert incidentally a depressing effect on the genital functions. According to Dr. Riviere, of Lyons, thyroidin is one of the latter group, and he reports two typical cases of men who sought relief from exaggerated obesity in the thyroid treatment. They both lost weight very rapidly under the influence of the drug, but observed with surprise, not unmixed with apprehension, that the sexual function had fallen completely into abeyance. This condition persisted for some time after the cessation of the treatment, though the function was eventually restored. It is suggested that this "therapeutical castration" may possibly help to explain the inhibitory influence exerted by the gland on the growth of uterine myomata and especially on the hemorrhage which their presence occasions. On the same lines there is reason to believe that thyroidin may prove useful in the treatment of prostatic patients whose troubles are due to congestion of the genito-urinary apparatus.—*Med. Press and Circular.*

A New Parasite in Bloody Pleuritic Exudation.

Wilke (*Muench. med. Wochenschr.*) reports the case of a soldier admitted to the lazaretto, January 8th, 1898, the patient having been taken ill eight days previously. He complained of a cough, pain in the left side, loss of appetite, considerable debility, and had a temperature of 38° C. (100.4° F.) The physical signs of pleurisy with effusion were observed on the left side. These signs soon showed an increase of the effusion, and on the night of the 12th the patient was seized with a violent chill, the pain in the chest becoming at the same time much accentuated. Aspiration was performed on the 17th, resulting in the withdrawal of a thick purulent and sanguinolent exudate emitting an evil odor. On microscopic examination there was discovered among numerous leucocytes and bacillary organisms, a somewhat elongated body, in some instances presenting a rounded or fusiform enlargement at the