morbid anatomy, prognosis and sequelæ, the writer remarks on treatment as follows: (1) Prophylaxis consists in avoiding intemperance during the heated season, keeping the bowels open, attention to the general health, and care in exposing oneself to excessive heat. In mild cases open the clothing, place the patient in a cool place and sponge frequently with cool or cold water. Shower the head with cold water. (2) In severer cases, place the patient in a wet sheet 80° F to 85° F and apply ice in addition. Baths are given twice a day for half an hour at a time. These may have to be continued for days. The cold should not be too prolonged. The temperature and the pulse are the best guides. (3) Medicines have been used to reduce temperature. Antipyrin has been given hypodermically in 15-gr. doses, and with good results. The danger of depressant action must be borne in mind. Quinine has also been employed in the same way; but the doses necessary to reduce temperature are injurious to the brain. Phenacetin, gr. x, or antifebrin, gr. iii, by the mouth would be safer. (4) In the case of convulsions chloroform may be administered. A better plan, however, is the hypodermic use of morphia. (5) The bowels should be kept open. The use of drastics is to be condemned. (6) Venesection is only permissible in sthenic cases, or where the apoplectic symptoms continue after the reduction of the body temperature. (7) For the after-headache, sod. brom. and tr. verat. vir. may be employed. Sometimes ergot relieves it. Counter-irritation should be applied to the back of the neck when there are indications of meningitis.

THE TREATMENT OF TYPHOID FEVER WITH TYPHOID THYMUS EXTRACT.—Dr. Alex. Lambert, of New York (*N. Y. Medical Journal*, April 27), gives an account of his experience with this method of treating typhoid fever. In 1893, Eugene Fraenkel reported 57 cases, and Th. Rumpf 30 cases treated with cultures of the typhoid bacillus in thymus bouillon. These cultures are injected deep into the gluteal region. An injection is made about twenty-four hours later. There is often a rise of temperature, and there may be chills. On the third day there is a decided fall of temperature, and on the day following a still further reduction. When the fall of temperature was not complete, it changed from the continuous to the intermittent type. Much of the somnolence, stupor and delirium disappeared, the tongue cleansed, and the diarrhœa abated. This treatment did not prevent complications or relapses. The latter, however, yielded readily to further injections. The earlier the stage at which treatment began the better the results. The treatment was effective in severe and mild