

carbolic acid and ergotin made into the gland) were tried without any appreciable results. At last I prescribed strophanthus, for her in ten-drop doses, three times a day. At the time she commenced taking strophanthus, her neck measured fourteen inches. In ten days it measured thirteen inches, and in three weeks twelve inches. The strophanthus was given in ten-drop doses, three times a day, for one week, and then increased to twelve drops three times a day, and, finally, up to sixteen drops three times a day. The enlargement subsided very rapidly, and in two months she declared herself well, and, to all appearances, she was cured. The only unpleasant features about the treatment in all cases that I have treated, is the profound dizziness and faintness.

Miss Jennie R., æt. 16, called on me, Jan. 8, 1889, with an immense goitre. It measured thirteen and one-half inches. She was put upon the tincture of strophanthus, and her recovery was as prompt and satisfactory as the first case reported. She was discharged cured, March 15.

The other cases were similar to these, and equally rapid. My attention was first attracted to the value of strophanthus in goitre in a most singular manner. Last December, Mrs. R. sent for me to treat her for some heart trouble. She was short of breath, suffered from palpitation, and had a very bad capillary circulation. She informed me that digitalis acted like a poison to her. She also showed me her goitre, an enormous one, and said that her former physician had given her ergot and digitalis for it, without any effect, save to make her deathly sick. She needed a heart tonic, and I prescribed it for her in big doses (ten drops every four hours). I left her, and saw no more of her for three weeks or more. When she did show up, she was much improved, and the most astonishing part of all was, her neck was decidedly smaller. Her breathing was good, and she felt much better, and she was greatly relieved, but never cured, for the simple reason she would not take it any longer.—S. T. Yount, M.D., in *Medical Waif*.

MALE FERN AND CALOMEL FOR TAPE-WORM.—In the treatment of tænia, Dr. Duchesne strongly recommends male fern combined with calomel, according to the following formula :

R.—Eth. extract male fern, . . . 3 ij.
Calomel, gr. xij.—M.

Sig.—Make 16 capsules, which are given two at a time, every ten minutes until all are taken.

The great advantage of this preparation is that the patient has nothing to drink, and that the purgative is taken along with the worm-medicine. For some people, especially women, capsules are difficult to take, in which case the medicine is

perhaps best taken with molasses. Sometimes the capsules provoke colicky pains, but these can be avoided by taking twenty grains of antipyrin fifteen minutes before the capsules. With these capsules Duchesne has yet to experience his first failure, and he has already used them in hundreds of cases. Male fern is the only remedy that will successfully expel the bothriocephalus. The treatment of tænia in children is a difficult matter, but he has been regularly successful with the following plan : After fasting twelve hours, administer the following preparation to a child of five years :

R.—Eth. extract male fern, . . . 3 j.
Calomel, gr. vj.
Sugar, 3 ij.
Gelatin, q. s. to make a jelly of ordinary consistence.

The patient should be told to take an injection of salt water when the worm appears at the anus, and then sit over a vessel of warm water to float the worm and prevent it breaking from its own weight. The one point always to be remembered, on which success depends, whatever the vermifuge used, is the necessity of administering the purgative soon after the substance which stupefies the worm.—*The Weekly Med. Rev.*

CONTAGIOUSNESS OF PHTHISIS.—The report of the committee appointed last year was made by Dr. William Porter, of St. Louis, Mo. He thought that the word portageous was more accurate than contagious. He thinks the evidences of transmissibility in tuberculosis are conclusive. Two hundred and fifty-one English physicians, in active practice in families, have replied in favor of the theory of the transmissibility of tuberculosis. The New York Board of Health has passed resolutions which acknowledge this contagion. The fact has been published that there have been no cases of tuberculosis among the nurses and house physicians at Brompton Hospital. This is true, on account of the excellent hygiene of that institution, and does not prove the non-contagiousness of the disease. It has been written that there was no tuberculosis among the North American Indians, and but little among the early settlers of New England. One hundred years ago the climate of New York was thought to be good for tuberculosis by Europeans, who sent their patients there ; then, later, the prairies of Illinois were lauded for the same purpose ; later still, the mountains of Colorado and the valleys of California. He emphasized the fact that the care of localities used as resorts for consumptives was very important, so that they do not get infected with the disease. He recommended that consumptive patients use cuspidors in which there was a 1 to 1,000 solution of bichloride, as it has been demonstrated that a weaker solution has not al-