should several hydrogogs prove ineffectual, recourse must be had to drastics.

I had the satisfaction of daily observing the following case of Trichiniasis, in the practice of Dr. Sass, of New York, formerly of Cuba.

The patient, Simon Obondouffer, when first seen, May 27th was found occupying a small ill-ventilated room, very dirty and offensive. The most prominent symptoms observable were edema about the mouth and eyes; tongue thickly coated with red tips and edges; pulse 95, partial anorexia; sweating; diarrhea; muscular pains and abdominal tenderness. On account of the bad English used by both patient and wife, it was with some difficulty that the following history was obtained. He was a German by birth, aged 54. Since emigrating to this country in November 1866, he had followed the "business of begging" by which he had accumulated some \$200; was the father of two children, both dying in Germany (cause unknown). The patient had been sick eight days; during this period there had been vomiting, diarrhea, thirst, impaired appetite, loss of strength and sleeplessness; for two days past the vomiting had been diminishing while the other syptoms were increasing. On making inquiries concerning the substances eaten and drunk, previous to the attack the patient replied "we both drink Lager and eat what is given us by charity." Directions were given as to cleanliness, and calomel gr x prescribed. A dose of morphia, directed to be taken at bed-time. After leaving the place, I asked the Dr. for the diagnosis to which he replied, "I suspect Trichniasis for I have seen several cases in Cuba, and this much resembles them."

May 28th.—Complains of want of sleep, pains and exhaustion, only occasional vomiting, but all other symptoms of yesterday somewhat increased; pulse 110 per minute, eight liquid stools during the twenty-three hours; croton oil gt. ij. at once prescribed; morphia left to be taken at eight o'clock in the evening.

May 28th to June 2nd.—In addition to previous symptoms the patient complains of headache; stiffness and much soreness of muscles. During this period the treatment consisted of anodynes and sedatives.

June 3rd.—Palpebral ædema very characteristic, ædema of the arms and legs appearing, no vomiting, six stools during the past twenty-four-hours; pulse 106, profuse perspiration; great thirst; soreness and stiffness of muscles; the last motion produced the most intense pain, respiration 30, cough and a somewhat rusty expectoration.