and thousands of worms were passed, followed by speedy and complete recovery. The first dose of thymol given was not finely powdered and the results were negative but on repeating the dose I ordered it finely powdered and the results were satisfactory. I heard from this patient in August, 1907, and he was at that time in perfect health.

TRICHOMONIASIS.

CASE 2.—*History.*—The patient, a female aged 42, single, was by occupation a domestic. The family history was negative. She had always resided in Utah and for the past eight years had been troubled with diarrhea alternating with constipation. She had consulted several physicians who had told her that she had intestinal indigestion. The history, aside from this, was negative. For three months before I saw her, she had been troubled with diarrhea, colicky pains, indigestion, poor appetite and a feeling of general weakness.

Examination.—The patient was fairly well nourished, but anemic. The heart and lungs were apparently normal, the tongue furred and the abdomen tender. Urine examination was negative. The blood gave a hemoglobin percentage of 64. Examination of the stools showed large numbers of the *Trichomonas intestinalis*; no other organism was found.

AMEBIASIS.

CASE 3.—*History.*—The patient a male, aged 30, married, was by occupation a photographer. Family history was negative. He had always resided in Utah, though for a short time one year previously he had been in Idaho. He had one or two previous attacks of diarrhea within the past five or six years. Otherwise the history was negative. Seven weeks before he was seen, he had passed blood from the bowels and the bleeding was associated with diarrhea and the passing of some mucus. He consulted a homeopathic physician who treated him for hemorrhoids by the injection method, but as he grew weaker he went to a regular physician who pronounced the condition one of abscess of the rectum and advised an operation. This was refused and the patient came to Salt Lake City to consult other physicians. He was referred to me and after going over the history of the patient and making a careful physical examination I reached the conclusion that it was a case of *amebiasis*. Repeated examinations of the stools by myself and my laboratory assistant confirmed this diagnosis.

From these cases it will be seen that these parasitic diseases of the intestines are more common to this part of the country than is commonly thought, and the fact should inspire us to make more careful examinations of our patients and to leave nothing undone that will help us to arrive at a correct diagnosis.

217 I Street.

A CASE OF APPENDICITIS, ASSOCIATED WITH HYPEREMESIS GRAVIDARUM.

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While I have no idea of advocating the removal of the appendix as a cure for pernicious vomiting of pregnancy, I take this opportunity of calling attention to the fact that an inflamed appendix may at times be a form of peripheral irritation sufficient to cause hyperemesis.

History.—The patient, a primipara, aged 20, gave the following history when she first came under my observation: There had never been any marked irregularity in menstruation, although she was hysterical and had somewhat marked exacerbations at the periods. For two years previous to my first visit there had been occasional attacks of cramps, with pain in the region of the appendix, attended with vomiting and fever. A diagnosis of appendicitis had already been made by other physicians and operation had been advised. When I saw the patient she was about four months pregnant and had had repeated attacks since conception had taken place. She vomited incessantly both during and between attacks and her general nutrition had suffered markedly. She was bedridden, her tongue dry and brown, pulse 120, temperature 103 F. In a few days the symptoms subsided—all but the vomiting—but almost immediately another attack supervened and the patient was removed to the hospital for operation.

Operation.—This presented no particular difficulty. The McBurney muscle-splitting incision was made, the appendix ligated, and invaginated with a purse-string suture. Although deeply congested and indurated there were no adhesions. The appendix was about 9 centimeters (3½ in.) in length, and on laying it open presented a necrotic occlusion involving the mucous membrane, situated about 3 centimeters (1¼ in.) from its distal extremity, beyond which was a pocket containing about 3 grams of bloody pus. The uterus and adnexa were normal.

Postoperative History.—Immediately following the operation the vomiting practically ceased; there being no more than is ordinarily experienced after ether anesthesia. Nevertheless, there was some vomiting until the third day, when a satisfactory bowel movement not having been attained by enemata, a free evacuation followed the administration of fractional doses of calomel. Thereafter the vomiting ceased entirely and did not recur. The skin was closed with subcutaneous catgut suture and had entirely united by the eighth day. There were no apparent uterine contractions and not the slightest threat of abortion. At this writing, two months after operation, the gestation is progressing normally.

ATTACKS OF SYNCOPE, VERTIGO AND APHONIA OF UNCERTAIN ORIGIN,

POSSIBLY DUE TO LIGHTNING STROKE.

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The following case presents a syndrome, apparently either of intracranial or intrathoracic origin, the genesis of which seems very difficult to explain.

History.—A. A., aged 54, married, a carpenter and farmer, was born in America. The family history was negative. He had had no severe illness in childhood, although never considered exactly strong, and he says that as a boy everything seemed to go to his head. He had no injury in early life and his habits had been good. At the age of 31 he had an attack of acute inflammatory rheumatism from which he recovered. Fifteen years ago he was shocked by a stroke of lightning, but after a few minutes recovered so that he was able to ride one of his horses to the barn, although for twenty-four hours he was dazed or partially stupefied. About a year after this the first symptoms of the present trouble appeared, with pain and tenderness in the posterior occipital region, which were at first confined to a spot about the size of a silver dollar.

Six years ago on rising to close a door he fell forward, striking but not injuring his head. After a few minutes he arose with assistance, but his mind was confused all that night. All that fall he had more or less vertigo. Three years later he suddenly became unconscious and fell from his wagon striking on his head and neck. After about ten minutes he got up and drove his team to the house. From this time he experienced pain and tenderness over the spinous processes of the cervical vertebræ, and these symptoms had extended to the middle of the dorsal region, although the suffering was not as severe as in the cervical. At the time of the last injury aphonia appeared and has followed subsequent attacks, the voice being reduced to a whisper for several days. There was no interference with deglutition, but a constant desire to swallow. The patient said he could tell when he was about to lose his voice by a feeling commencing in the back of his neck. Several attacks had occurred since the time of his last injury. When seen he complained of a feeling of vertigo on assuming the erect position or on lying down, which passed off in a few