

to occur in syphilis, such as reflex immobility of the pupil, double vision, optic atrophy, ophthalmoplegia, and tabes; the symptoms of general paralysis were claimed to be favorably influenced by antisiphilitic treatment and the prevalence of the two diseases was adduced to prove further their relationship. The paper shows what can be done with statistics.

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#### THYROIDISM.

LANZ (*Correspondenzblatt für Schweizer Aerzte*, 1895, No. 22) has recently called attention to the need of a more precise understanding of the effects of the ingestion of thyroid gland and its preparations. Symptoms of intoxication due to the gland itself may be expressed, after many analogies, as thyroidism. Experiments show that different preparations vary much in their effects. Fresh glands are much less toxic than various preparations, so that some of the symptoms reported as following thyroid-feeding may be looked on as meat-poisoning. Nevertheless there are symptoms which may follow large doses of fresh thyroid, and so deserve the name mentioned above. These are: rapid increase of the pulse-rate with a rise, followed by a fall of the blood-pressure, emaciation, paresis of the lower extremities, and alteration of the mental condition. By overfeeding of pregnant animals with thyroid-preparations symptoms of thyroidism have appeared in the young—a fact of importance in human pathology and therapeutics.

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#### TRANSFUSION OF BLOOD IN SEVERE CHRONIC ANÆMIA.

EWALD (*Berliner klin. Wochenschrift*, 1895, No. 45) was called to see a man, aged thirty-two years, apparently in collapse. The history obtained then, and examinations made afterward, showed the case to be one of idiopathic anæmia, having many of the characteristics of the so-called pernicious form. The patient could not swallow, injections of camphor had no effect on him, and as a last resort, apparently a hopeless one, transfusion was practised. The blood was taken from the patient's wife, defibrinated, and injected into the median vein to the amount of about 85 c.cm. Anæsthesia was not necessary. The patient's pulse and breathing improved slightly after the transfusion, but injections of ether and camphor were necessary throughout the following night. On the second day after that strength gradually returned and the patient became convalescent. On the third day the blood showed 1,250,000 red corpuscles and 29 per cent. of hæmoglobin. There were few polynuclear leucocytes, no nucleated red corpuscles, very few eosinophile-cells. There were hemorrhages in the retina. The blood after two weeks showed 2,300,000 red corpuscles and 33 per cent. of hæmoglobin. Five months later the hæmoglobin was the same, the red blood-corpuscles 3,500,000 to the c.cm.

After discussing the clinical and pathological features of the case—which he does at some length—Ewald inclines to the opinion of Hunter, that pernicious anæmias are due to autointoxication caused by changes in the gastro-intestinal tract. In view of our present knowledge of autointoxication and antitoxins Ewald raises the question whether, in such cases as the one just cited, the injected blood has not some antitoxic action, so that a poison circulating in the body becomes neutralized or destroyed by it, and so gives the body time to gain new strength.