mediana), and then doubtful; uric acid in minute quantity in one examination (ven. jugul.); tyrosin and leucine each found once (capillary blood, aorta); formic acid in all cases; lactic acid in the greater number of experiments (ven. median, capillary blood, veins of the liver, aorta).

The quantitative analysis of the water and solid substances, and of the organic and inorganic constituents of the latter, scarcely differs from that of normal blood, as Scherer also found.

For the literature of the chemical examination of leukæmic blood, are to be mentioned, *Verhandlungen der phys. Medizinischen Gesellschaft in Würzburg*, Bd. II., No. 21, in Bd. VII., Heft. I.

ON DIPHTHERITIC PARALYSIS.

BY DR. MAINGAULT.

VARIOUS French authors have drawn attention to the fact that paralytic affections occur as sequelæ of diphtheria, or rather of the disease to which Bretonneau has given the name diphthérie. Dr. Maingault discusses the subject fully, and adduces numerous cases in illustration of his remarks. The following is a brief summary of the account which he gives:—Two or three weeks after all throat affection has disappeared, the first symptoms of paralysis show themselves; they are developed slowly; the patients may even have made considerable progress towards recovery before they occur. The first thing noticed is a paralytic affection of the soft palate, characterized by a difficulty of deglutition and a nasal speech—phenomena that may entirely disappear when the general muscular weakness shows itself. In some patients there is sudden emaciation. Vision becomes imperfect, and even complete blindness may supervene. The strength fails gradually; formication occurs in the extremities, accompanied by more or less severe pains in the joints. Walking becomes more and more painful, until the upright position is impossible. The paraplegia is then complete. The upper extremities partake in this weakness, the head becomes too heavy and sinks on the chest, the muscles of the trunk are incapable of sustaining the weight of the body. Strabismus, distortions of the face, dribbling, defective articulation, and paralysis of the bladder and rectum also supervene. There is an entire absence of fever, the pulse is small, and is reduced even to fifty; at the same time the heart's action is tumultuous, and there are anæmic murmurs. With these and other symptoms of defective innervation, the intellect remains intact, but the mental powers are sluggish. The disease may proceed to a fatal termination, or if it terminates favorably, the patient's strength returns gradually, and a cure is effected in a period varying from two to eight months.

Dr. Bouillon-Lagrange, in one of a series of articles on angine

couenneuse, contained in the "Gazette Hebdomadaire," also draws attention to diphtheritic paralysis, of which he adduces four cases. He regards it as a complication occurring mainly in the adult, that its duration is from two to three months, that the effect of treatment is very doubtful, and that it depends upon a serous alteration of the blood, the restoration of which is essential to recovery. Dr. Bouillon-Lagrange asks why this important complication has scarcely been noticed in previous epidemics, and is inclined to attribute it to the modifications in the epidemics of 1857 and 1858 by the continued dryness of the atmosphere which accompanied their development and progress.—*Brit. and Foreign Medico-Chirg. Review, from Arch. Gén. de Méd.*

A CASE OF NEW FORMATION OF GREY CEREBRAL MATTER.

BY DR. C. TUENGEL, OF HAMBURGH.

A FEMALE, aged thirty-one, was brought into the Hamburg Hospital on the 26th November, 1858, in a state of sopor; she only gave short replies when repeatedly questioned, and without having understood the questions; she occasionally uttered brief exclamations. When attempts were made to open the eyes, she closed them convulsively; attempts at moving any of the limbs were resisted, but this was easily overcome, except the spasmodic contraction of the right hand. There was a dislocation of the right arm inwards. Respiration was accelerated, but no disease could be discovered in the lungs. As the patient was considered to be moribund, no treatment was adopted, except the application of a blister to the chest. She died six hours later, and it was afterwards ascertained that she had been subject to dislocation of the arm, that she had been indisposed and peculiar in her manner for four weeks previously, during which time she had been seen only once by a medical man, who considered her hysterical. There were various rickety distortions in the trunk and lower extremities. The vessels of the dura mater and pia mater and the cerebral tissue contained much blood; the arachnoid was not opaque, and there was a considerable amount of reddish watery exudation under it. The lateral ventricles contained a little fluid of the same kind. At the point where the upper wall of the lateral ventricle bends down, there were, on the outer side, between the middle and end of the posterior horn, several hemispherical tumors projecting into the cavity, varying in size, and on section apparently identical in hue and consistency with grey cerebral matter. These deposits extended into the medullary tissue, so as to form circular tumors, which were separated from one another by intervals of white matter. The deposit was greatest at the end of the posterior horn, and here the consistency of the brain was most developed. Both lateral ventricles presented the same appearances, There