

In addition to the transfusion and after it, the patient was treated by arsenic in various forms, quinine, iron, hydrochloric acid, and a combination of resorcin, bismuth-salicylate, and benzo-naphthol. Meat was but sparingly used in the diet.

#### THE ACTION OF THE LEUCOCYTES UNDER CERTAIN POISONS.

CHATENOY has recently made a series of experiments to determine the effect of certain poisons on the leucocytes in vaccinated and non-vaccinated animals.

The poisons chosen were vegetable (ricine and abrine), bacterial (diphtheria and tetanus), and animal (snake-poison). The results from all varieties were the same.

In all cases there was a distinct leucocytic reaction, varying according as the animal was in the process of immunization, was already vaccinated, or had undergone no immunizing process. The animals undergoing vaccination showed all through the course of the process a distinct leucocytosis, which diminished progressively as the process of immunization proceeded.

Vaccinated animals submitted to fatal doses showed more or less reaction according to the degree of immunity conferred on them. In most cases there was a slight leucocytosis, though some showed practically no increase in leucocytes. In none of the cases was there any appreciable decrease in the number of leucocytes. Non-vaccinated animals, when submitted to a rapidly fatal dose, constantly showed a decrease in leucocytes. When submitted to a dose more slowly fatal, the number of leucocytes oscillated a good deal, but there was always a leucocytosis at the time of death. The author regards a progressive and regular leucocytosis as a favorable prognostic sign, a progressive decrease in the number of leucocytes as an unfavorable sign, whilst oscillations including both increase and decrease are to be regarded as signs of slow, but certain death.—*Le Progrès Médical*, October 12, 1895.

#### TWO UNUSUAL CASES OF HYSTERIA.

HECTOR W. G. MACKENZIE reports (*Clinical Society's Transactions*, vol. xxviii.) the case of a woman, aged twenty-three years, who had contracture of the legs for two years. Before this she had a long history of gastric and intestinal disorder, supposed at one time to include gastric ulcer, but in view of the later history evidently neurotic. Later, after some disappointment, the patient became paraplegic, with contracture of the legs. There was extreme emaciation; the legs could be perfectly flexed, but could not be extended beyond a right-angle at the knees. The deepest anæsthesia did not relax the contraction. The knee-jerks were absent, the muscles of the thighs and legs much atrophied, their electrical reactions normal. There was great mental depression, no anæsthesia or analgesia, but painful spots were usually present. Convulsions, bloodspitting, and other hysterical manifestations confirmed the diagnosis.

Under treatment by massage, liberal diet, and later, active motion, the contractures disappeared and the patient became completely restored to health, though with occasional attacks of nervous vomiting.