

involved in the disease; and it is also the nucleated cell which is the vital source of secretion and development. If a fair trial be given to this form of preparation, I venture to predict that it will be found one of the most valuable of the preparations of iron, and the best hæmatic in the whole range of therapeutics.

"Since reading Dr. Basham's Lectures, I have used this form of the remedy with the best results."

30. *Sequelæ of Cholera*.—Dr. L. GUTERBOCK remarks, in the *Berliner Klin. Wochenschr.*, 1868, No. 16, that as in typhus and scarlet fever, the occurrence of parotitis is frequently observed after cholera—not to the same extent, however, in all epidemics—in some even there being an entire absence of the throat affection. In 1852, among 61 cholera patients, no parotitis was observed; in 1866 there occurred 10 cases among 757 cases of cholera. Of these 10 cases of parotitis, 4 were very severe; 2 of middle severity; and 4 were slight. One patient had typhus fever, with eruption, and pneumonia combined; a female had an exanthem and diphtheritis vaginae; another the latter only. A man experienced, after an attack of cholera, a paralysis of the bladder at the appearance of the parotitis. The latter always occurred suddenly, without any premonition, between the fifth and seventh days of the disease, with considerable increase of temperature, and ran a rapid course, suppurating within four to five days. The matter discharged itself generally by the external cavity of the ear; but, in two cases, by the cavity of the throat. In three cases the glands on both sides of the neck were affected. The parotitis, according to Dr. G., commences with a catarrh of the glandular duct. A yellowish fluid, composed of pus and epithelial scales, may be squeezed out of the duct of Steno. and its presence there may be detected upon dissection after death. Four of the cases terminated fatally; six favourably; in one of these the inflammation was discussed. The treatment of the parotitis consisted chiefly in local bloodletting in the commencement, with the local application of tincture of iodine and warmth. Later, when resorption does not occur, poultices were applied to the diseased gland. When suppuration occurs, incision with the knife; internally, the mineral acids and a strengthening diet. In one case inflammation of the submaxillary gland and of the cervical glands of the opposite side occurred, and followed the same course as the parotitis to a favourable termination.

Another sequela of cholera consisted in a tetanic contraction of the flexors of the extremities; as such Dr. G. interprets the cases reported by J. Meyer, as those of paralysis of the extensors (*Charité Ann.*, 1856, vii. 1). Dr. G. has himself observed six cases of these contractions, of which five were in females between 22 and 29 years old; one in a boy 9 years old. In four of the cases there was also an exanthem; in one diphtheritis vaginae. During convalescence from the tenth to the fifteenth day the patient would complain of the sudden occurrence of a tearing, rending pain in the hands and forearms, as well as in the feet and legs, followed by tonic contraction of the flexores carpi radialis and ulnaris, and of the palmaris longus; in some the flexores digitorum sublim. and profund., but especially the opponens and adductor pollicis, opponens digit quinti, and the muscoli interossei volares. Convulsive movements of the fibrillæ of the contracted muscles were observable. In four of the patients the muscles of the leg were similarly affected. There was no diminution of sensibility. The duration of the tonic spasms was generally from twenty-four to forty-eight hours, but sometimes they continued for some days. A complete cure occurred in all cases.—*Centralblatt f. d. Medicin. Wissenschaften*, May, 1861. D. F. C.

31. *Beneficial Effects of Injection of Chlorate of Potash in Treatment of Dysentery after Failure of Opium*.—It is stated in the *Bericht. d. Krankenanstalt, Rudolph Stiftung*, 1867, that LÖBEL treated, for three entire days, a dysenteric patient, 23 years old, with preparations of opium, by the mouth and in the form of enemata, but without any beneficial result. The discharges still continued of a decidedly bloody, dysenteric character. On the fourth day of the disease, he gave injections consisting of chlorate of potash  $\mathfrak{z}\jmath$  to two ounces of warm water. The discharges, though still thin, lost immediately their bloody aspect, and assumed a feculent appearance. Under a continuance of the same