

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 vaginæ; 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 vaginæ. 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 LÜBEL 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 ℞j 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

remedy the stools became, finally, entirely natural. Subsequently Dr. L. treated in a similar manner another case of dysentery, and with similarly speedy good results.—*Centralblatt f. d. Med. Wissenschaften*, Dec. 1868. D. F. C.

32. *Case of Acute Rachitis*.—In the *Jahrb. f. Kinderheilk.*, 1868, Dr. FORSTER describes a case of what he terms acute rickets. It occurred in a child, one year old, of whom the femoral bones of both inferior extremities, in their entire length, commenced to become painful, and to enlarge in diameter with considerable rapidity. In all other respects the morbid phenomena presented by the case were precisely the same as those described by Bohn as pathognomonic of acute rachitis, including even the peculiar affection of the gums. The etiological relations and course of the disease were also those laid down by him.—*Centralblatt f. d. Med. Wissenschaften*, Dec. 1868. D. F. C.

33. *Pathological Augmentation of the Length of Bones*.—E. BERGMANN describes, in the *Petersburger Med. Zeitschr.*, 1868, two cases which fell under his care, of the morbid increase in length of the bones of one of the lower extremities. The first of these was in a lad, 13 years old, who, since his ninth year, had been confined to his bed in consequence of a pain seated in his right leg. In this case it was only the tibia of the right limb that was increased in length some 5 cm. beyond the tibia of the left side. The os femores, as well as the os fibulæ, on both sides, were of a corresponding length. Not only was the right tibia disproportionately long, but it was also increased in circumference. Its inner surface was uneven and rough, and the bone was somewhat curved from within outwards. The increase in length being entirely confined to the tibia of the right side, the pelvis was very slightly tilted, and there was no abnormal position of the right foot.

The second case occurred in a man 42 years old. When in his twelfth year he fell on his right knee, and for a long time afterwards complained of experiencing symptoms which Dr. B. referred to periostitis, or probably osteomyelitis of the bones composing the knee-joint. The tibia, at its upper part, was increased in circumference by an excessive deposit of osseous matter, and, together with the fibula, was morbidly increased in length. The difference in the length of the right and left legs was 7 cm. in favour of the right. The right femur exceeded the left by 2 cm.

Dr. B. suggests that these cases of pathological increase in the length and circumference of bone may be adduced in favour of the view which refers the growth of bone to the interstitial deposit of osseous matter.—*Centralblatt f. d. Medicin. Wissenschaften*, Dec. 1868. D. F. C.

34. *Simultaneous Occurrence in the same Patient of Two Acute Exanthemata*.—Two cases are adduced by Dr. STEINER, in the *Jahrb. f. Kinderheilk.*, 1868, in proof of what was formerly denied, the possibility of the occurrence at the same time of two acute exanthems in the same person. In the first of these cases there was a combination of *variola* and *measles*. On the fourth day of a febrile attack in a child, there occurred the indication of a variolous eruption—namely, papulæ on different parts of the surface of the patient's body. On the next day the ordinary prodromata of measles presented themselves. By the eighth day both eruptions occupied the patient's skin; the measles especially prominent on the face. At the end of three weeks the child was entirely well. In the other case there was a combination of *measles* and *scarlatina*. After the usual prodromata there occurred the usual maculated exanthem of measles, and three days subsequently disappeared with a slight furfuraceous desquamation. At the same period, with febrile excitement, croupose angina, and nephritic affection, there was a diffused scarlet eruption upon the surface of the body, which at the end of three days gradually disappeared, and was followed by a lamellar desquamation. These cases are adduced by Dr. S. to show also that when two acute exanthemata concur in the same person, the second is always reduced below its ordinary intensity.—*Centralblatt f. d. Medicin. Wissenschaften*, Nov. 1868. D. F. C.