

Dysentery Carriers.—MACALISTER (*Brit. Med. Jour.*, 1910, ii, 1506) divides carriers into two great classes. The first class consists of healthy persons, who have never suffered from the disease and show no signs of ill health, but nevertheless harbor and scatter the specific organism. In the instance of bacillary dysentery this class is small and unimportant. The author has never found a single case, but Conradi, Collins, and Mayer have been able to demonstrate such conditions in both children and adults living among those affected with the disease. In the second class are people who have had the disease and are thereafter unable completely to eliminate the infection. As agents in the spread of the disease this group cannot well be overestimated in importance. They consist of two groups, in the first of which convalescence is discovered only by the continuation of agglutination. They do not relapse, but they harbor infection somewhere, and an occasional stool contains mucus. The second group is of relapsing and chronic cases, a constant source of infection. Macalister emphasizes the need of isolation, observation, and care during convalescence as a means of prevention of spread of an epidemic. Unfortunately, these incomplete convalescents form a high proportion of the cases.

The Parathyroid Glands and Sudden Death.—As a cause of sudden death in children, not a few cases of status lymphaticus have been recorded. But it often happens that necropsy reveals no adequate cause of death. GROSSER and BETKE (*Munch. med. Woch.*, 1910, lvii, 2077) report 3 cases which would fall in the latter category, had they not carefully dissected and examined the parathyroid glandules histologically. In all their cases no lesion sufficient to cause death was found, aside from the changes in the parathyroids. In 2 cases they found only three glandules—all hemorrhagic. In the remaining case all four glands presented fresh, extensive hemorrhages. Similar lesions were not discovered in other organs. From a study of the literature, they find that more than one parathyroid gland must remain intact to preserve life. They believe, therefore, that the lesions they found in these glands are quite sufficient to explain the death of the patients, and urge the necessity of their careful examination in cases which are obscure. The patients died with spasms.

Anemia and Hemolytic Icterus of Tuberculous Origin.—LANDOUZY (*Presse médicale*, 1910, 761) reports the case of a young man, aged thirty-eight years, with pulmonary tuberculosis. The man had a severe grade of anemia—red blood corpuscles, 1,050,000, and hemoglobin, 10 per cent. The spleen was enlarged. The conjunctivæ were subicteric, and the urine highly colored (urobilin). A diminution in the resistance of the red blood corpuscles was demonstrated (0.54 per cent.). As many as 25 per cent. of the red cells showed granules on vital staining, and the nucleated red cells amounted to 35 per cent. The patient's serum contained neither isolysins nor autolysins. After a time, under treatment, the signs of infection regressed, with a similar change in the anemia and icterus. As the pulmonary lesions seemed to become stationary, the fragility of the red blood cells disappeared. This parallelism of the hemolytic syndrome and the infection and the absence of any other cause leads Landouzy to believe the hemolytic jaundice dependent