

doubted cases of scarlatina, as well as in cases of typhoid fever and influenza. He also made reference to two cases of typical malarial fever attended with subnormal temperature. These were not cases of pernicious malaria of algid type, but were intermittents of moderate intensity, and in which quinine brought the temperature to the normal. Several explanations of this anomalous occurrence have been offered. One of these makes it dependent upon the varying reaction of the thermotaxic centers to varying degrees of virulence of the infecting organisms, a slight degree inducing hyperthermia and an intense degree hypothermia. The inadequacy of this explanation is evident from the fact that it is not always the gravest cases that are attended with hypothermia, and *vice versa*. Rather more plausible is the explanation that pathogenic micro-organisms give rise to the production of substances that cause elevation and of others that cause depression of temperature. Finally, it is possible that the hypothermia is due to the accumulation in the body, from failure of elimination, of excrementitious products by reason of hereditary tendencies or of renal inadequacy. The action of quinine in causing elevation of abnormally low temperature is to be ascribed to its vaso-constrictor action, thus preventing undue radiation of heat. Among other measures to be adopted is the stimulation of the cutaneous and renal activity. All in all, the subject is a most interesting and suggestive one. It would seem as though we would have to modify, or at least qualify, the current conception and definition of the febrile process. The problem here propounded is but one of many for the solution of which we must look to chemico physiology.

Medical News.

Glycosuria from Taking Thyroid Extract.

—W. Dale James (*Brit. Journ. Derm.*) reports the case of a medical man, aged 45, and an "old psoriatic," who had taken thyroid extract before Christmas without any effect on the disease, probably owing to the small doses swallowed—one Burroughs, Wellcome & Co. tabloid twice a day. On March 22nd, 1894, he began taking four tabloids daily, and at the end of a week complained greatly of depression, with frequent flushings and palpitations. The nervous symptoms increased,

and the patient felt and looked a very old man. Before another week elapsed his thirst became unquenchable; the quantity of urine greatly increased, the breathing became embarrassed, the pulse rose to 132 per minute, and the smell of acetone was detected in the breath. On April 4th the urine had a specific gravity of 1032, and sugar was freely found by all tests. The thyroid treatment was at once stopped, and antidiabetic diet adopted. The quantity of sugar decreased daily, and on April 13th none could be detected. The general condition steadily improved, and on April 30th the patient was quite well, except for the psoriasis, which had not improved. Polyuria following the administration of thyroid has been noted more than once, but, as far as the author has been able to ascertain, this is the first case in which glycosuria has been caused by the treatment.

— *British Medical Journal.*

Tissue Metabolism in Chlorosis.—There is a translation in the *International Medical Magazine* for April, 1894, of a lecture delivered to a private class by Carl von Noorden on "Tissue Metabolism in Chlorosis." The cause of poverty of hæmoglobin in the blood must be due to increased destruction or diminished new formation of the coloring matter of the blood, or to a combination of the two processes. Not one positive sign is known which proves that in chlorosis more hæmoglobin is destroyed than in health. Some distinct points lead to the belief that the normal quantity, and probably much less, is all that is destroyed. The defect is due to some error in new blood-formation. Some restricted exceptions exist in anæmia caused by profuse acute hæmorrhage and by acute nephritis. Here there is an œdema of the blood. The plasma is so diluted that the blood corpuscles swell up and appear relatively poorer in hæmoglobin. In all processes which induce much destruction of this constituent of the blood, as infectious diseases and numerous intoxications, there is principally a destruction of cells (erythrolysis). For a time iron as a remedy fell into disrepute, in consequence of experiments on animals and a few observations on man. These doubts were more often expressed by physiologists and pharmacologists than by practicing physicians. As there was no increase of iron in the urine after