two cases showing that the general vascular changes might take place while there was as yet no change in the kidneys, and said that, if such things could occur without granular kidney, it was obvious that, in cases in which the state of the kidney was not normal, that abnormality could not be the cause of the symptoms. This reminded the older members of times forty years ago. It was the old discussion over again. So does history repeat itself.

THYROID EXTRACT FOR BACKWARD CHILDREN.

The use of thyroid extract in the treatment of sporadic cretinism is of course well known, but Dr. Clement Dukes, physician to Rugby School, suggests its employment as an aid in the development of children who are merely backward. He relates a case in which, although the child looked younger than her age, she was well-formed and intelligent, ate, drank, and slept well, was very well nourished, took her part both at home and at school the same as other children, and was like the other members of her family, except that she was short in stature and small made, and had a pallor which neither arsenic or iron had ever remedied. After giving thyroid tablets (one of five grains once a day, and after a month twice a day) her pallor disappeared, she became much more brisk and lively, and started growing; in fact, she became a different child altogether. This is certainly a case worthy of note, an experiment worthy of repetition.

THE OPEN-AIR TREATMENT OF PHTHISIS IN ENGLAND.

An interesting paper by Dr. Burton-Fanning is published in the *Lancet*, giving details of recent experience of the open-air treatment of phthisis as carried out at Cromer, where a convalescent home has been erected for the use of the patients of the Norfolk and Norwich Hospital. Since the spring of 1895 six patients at a time have been under treatment there.

The home stands 250 ft. above, and a quarter of a mile from the sea. There, in a shelter provided with

moveable glass and wood walls which can be placed according to the wind, the patients sit in the open air. They adjourn to the shelter at half-past eight every morning, and pass the rest of the day there in long chairs. As a rule, they come indoors at sunset, but on very dry nights, both winter and summer, they have remained out of doors till ten.

Of course, they are well wrapped up, and great use is made of sacks thickly lined with wadding, into which they put their legs, and, if required, a hot-water bottle. Moderate evening fever (below 102 deg. F.) has been considered no contra-indication to following the treatment in its entirety.

CHLOROFORM AND POLEMICS.

The sedative effects of chloroform are no doubt great when used as a medicine, but as a topic for disputation it is among the most exciting, and is curiously provocative of angry passions and hard sayings. There is no doubt that Mr. Leonard Hill, in his papers on the subject, attacked the proceedings of the Hyderabad Commission in no measured terms. It is, however, with a certain regret that we find Dr. Lauder Brunton taking upon himself as a personal attack all that was said in regard to this investigation. Dr. Brunton states that in a lecture on the "Causation of Chloroform Syncope," delivered last year, Mr. Hill brought against the Hyderabad Commission charges of prejudice, carelessness, ignorance, and incompetence; and proceeds to say, "Although nominally directed against the Hyderabad Commission, all these charges, with the exception of the first, are really directed against me personally," and, after a long refutation of Mr. Hill's assertions, he continues, "I cannot think that Mr. Hill would publish a falsehood wilfully; but a falsehood his statement certainly is, and I shall be curious to learn how he has been led to make it." This, of course, must bring an answer from Mr. Hill, and we are afraid it means war and no quarter. It seems a pity that such a subject should give rise to such acerbities. It is, however, somewhat amusing to find that it is now nearly a year since Mr. Hill's lecture was delivered. At this rate, however ponderous the blows, the fight threatens to be slow, and will probably last our time!

PROGRESS IN MEDICINE.

DISEASES OF THE BLOOD.

Leukæmia.—Van der Wey¹ has been able to estimate the ingestion and excretion of nitrogen in this disease in two cases. The first, a young man of 23, showed an excess of excretion in the urine and fæces over the nitrogen taken in food, for respective periods of ten, eight, nine, and six days, of 19.5 grammes, 8 grammes, 17.8, and 18 grammes, but the second patient, a girl of 19, showed a gain of 2 grammes in a week. The greatest amount of uric acid was excreted during febrile states, but even in apyrexia there was more than normal excretion. He appears to believe that acute and chronic leukæmia are really the same disease, since he found during a certain stage of the chronic disease the same histological and other symptoms as in Fränkel's acute leukæmia. A case of lymphatic leukæmia is discussed by W. F. Edwards,² where the leucocytes were in the proportion of one to eight red corpuscles, the increase being almost entirely due to the lymphocytes. No myelocytes or nucleated red cells were to be seen, nor the ordinary hyaline cells, while the granular eosino-

phile cells were few in number. Later on, the leucocytes nearly equalled the red corpuscles, and the patient died after six weeks' illness. There were no hæmorrhages, but the glands in various parts of the body were enlarged, and the spleen among others. This change in the spleen is rarely seen to any extent in the lymphatic form of the disease, but in other respects the case is a fairly typical one. The writer comments on the close relation to acute forms of Hodgkins' disease where leucocytosis has occurred, and thinks that possibly both these diseases and sarcoma are manifestations of the same disease. With reference to the distinction between leucocytosis and leukæmia, Buchanan³ lays down that the latter is more permanent and shows abnormal cell forms, such as myelocytes (a few of which were to be seen towards the end of Edwards' case). He considers, moreover, that between the two forms of leukæmia, lymphatic and splenomyelogenous, are found mixed varieties, and probably there is no radical distinction between them. The important thing is that abnormal elements remain present