

drying, of oxygen and its deprivation, and of heat and antiseptic substances upon the bacillus of diphtheria. With regard to the latter they find that boracic acid, chlorate of potash, alum, and lime water, have little destructive influence upon the bacilli, while salicylic acid  $\frac{1}{1000}$ , and even  $\frac{2}{1000}$ , citric acid and citron juice are very active in arresting the development of Læffler's bacillus. The survivance of the bacillus in the dry state can be prevented in sick rooms by good aeration, disinfection of walls, floors, and clothing, and as milk is a medium for extraordinary propagation of the bacillus, its use should be interdicted when coming from a house in which diphtheria has occurred.

Irrigations of salicylic acid, one to two per cent., repeated every hour or two hours, is the best local treatment.—*Journal of Laryngology*.

CASE OF TRANSFUSION.—On the night of October 27 I was sent for to see a young girl who had been confined by a midwife 13 days before of her second illegitimate child. She had fainted twice during the evening and this had induced them to send for a doctor.

On my arrival, the patient was too weak to give an account of herself, but enquiry elicited that she had fainted immediately after the confinement, and again on the seventh day, as well as twice previous to my being sent for, and that bleeding had been going on continuously since the delivery. This was not considered unusual or important, and with the view of "strengthening her" she had been allowed up a few hours the last two days. It was while sitting in a chair that the fainting had occurred this evening. The midwife who confined her was present and said she had only seen her twice since delivery, which was natural, except for the faint afterwards and a rather too free flow of blood. The after-birth, she said, came away all right.

The patient was very restless, the pulse a mere thread, 156 to the minute, temperature 103, respirations sighing and voice weak. On vaginal examination I found a profuse discharge of watery blood. In the vagina was what seemed like a bag of coarse sand, but which I soon found to be the placenta, which had undergone calcareous degeneration and was firmly attached to the almost completely inverted uterus. Owing to the relaxed condition of the

parts reduction was easy, but some little difficulty was experienced in peeling off the placenta. The uterus was drenched with hot carbolised water and then with perchloride of iron and water, 1 in 20. By this time the pulse was uncountable and the tendency to faint marked. I gave half-dram of ether hypodermically, and finding this had no effect determined to try transfusion as a last resource. The apparatus used was a pint douche can with a rubber tube attached, into the other end of which I inserted a canula of my aspirator. A teaspoonful of salt was dissolved in a pint of water at about blood heat, and with the help of Dr. A. T. O'Reilly I proceeded to open the median basilic vein, which showed more prominently than the median cephalic. A string having been tied around the upper arm, the vein was exposed by a transverse skin incision, there being so little subcutaneous tissue that great care was necessary to avoid an accidental wound. The vein was then lifted up by a director passed beneath it and a small longitudinal opening made to admit the canula. The blood which flowed out was thin and watery, in fact merely serum. While the saline solution was flowing from the canula this was inserted upwards into the vein, and the can raised only slightly above the level of the patient so that the fluid should not enter at too great a pressure. When about one-third of the pint had entered a distinct improvement took place, the pulse became fairly regular, 144 to the minute, and the patient said "I am better now." Unfortunately I continued to allow the solution to flow, and in a few seconds the pulse failed again, the respirations became laboured, and the patient much distressed. I immediately ceased the transfusion, but the symptoms grew worse, there were the terrible precordial anxiety, pains and oppression in the chest, gasping for breath, and other symptoms characteristic of capillary thrombosis. The patient was evidently past all aid, and died just three hours after I entered the house. The transfusion in this case had a distinct but very temporary good effect. Perhaps if I had ceased directly the improvement occurred the result might have been different, but I do not think so, as owing to the septicæmia which was undoubtedly present, we had to deal not only with a dangerously diminished quantity, but also with a poisoned