

mations are infectious. The cases where the inflammation produced an effusion which was not discharged, but in time became absorbed, he finds to be also infectious from his experiments. To prove this he has had a long canula needle constructed, by which he draws off a small quantity of the exudation, and finds the staphylo-cocci and the strepto-cocci which are the source of infection. He has endeavored to produce traumatic parametritis in dogs by pressure and injury of other kinds, but cannot succeed where the micro-organism is absent. He therefore concludes that all parametritis are infectious sources of the disease. Bumm does not agree with Kaltenbach's opinion that this micro-organism is not pathognomonic of parametritis. Kaltenbach said that the presence of the micro-organism was of no value as a diagnostic sign, as the strepto-coccus could be found in the normal secretions of the cervix and vagina. Bumm denies this and affirms that the strepto-coccus is never found in these secretions unless in morbid and infecting conditions.—*Vienna Cor. Med. Press and Circular.*

DEATH FROM CHLOROFORM.—We have received the following particulars relative to a case of death under chloroform narcosis which recently occurred at University College Hospital: A powerfully built man, aged 56, was admitted on June 15th on account of extensive epitheliomatous ulceration affecting the tongue and floor of the mouth. As he had been an habitual drunkard, he was kept in the hospital and prepared for the operation, which took place on June 27th. Although he was stated to have had an attack of acute Bright's disease, with extensive œdema, he was, at the time of the operation, free from albuminuria. While in hospital he had an epileptic fit; there was a history of previous fits. The operation undertaken was removal of the anterior half of the tongue and incisor portion of the jaw. Chloroform was administered by a house physician, who employed Junker's inhaler. The patient was a somewhat longer time than usual in going off, but otherwise took the anæsthetic well, until at the close of the operation he became restless, and in order to place the lip stitches it was necessary to push the anæsthetic. During the operation very little blood was lost and the

pulse was good. As soon as the chloroform was again resumed the patient's face became cyanotic and respiration stopped. The stump of the tongue was dragged forward—it had been kept well forward with a string all along—and one deep inspiration followed. An attempt was made to catheterize the larynx, when another deep gasp occurred. Subsequently to this no respirations took place, although artificial respiration was maintained for some time, having been commenced as soon as breathing appeared hampered. Laryngotomy was performed, but without effect. Indeed there did not appear to be any mechanical hindrance to respiration. All the usual means of resuscitation were adopted, but without avail. A *post mortem* examination revealed a practically healthy heart-muscle, but extensively adherent pleuræ. It may be added that the heart-sounds were noted at the time of the operation, and were of normal character. It seems almost impossible that any further precautions could have been taken in this case, or that anything could have prevented its occurrence; no appreciable shock was evidenced and no contra-indication for the anæsthetic present.—*Brit. Med. Jour.*

CREASOTE IN TUBERCULOSIS.—Professor Sommerbrodt, of Breslau, in two communications to the *Therapeutische Monatshefte*, declares that an experience of over 5,000 cases has proved to his own satisfaction that creasote is not merely a useful drug for the symptomatic treatment of tuberculosis as has been conceded by others, but that it exerts a specific influence on the disease by the resistance it offers to the cultivation of tubercle bacilli. Dr. P. Guttman had by his experiments shown that tubercle bacilli could scarcely be cultivated in sterilized serum containing 1-4000th of its volume of creasote, and the culture entirely failed when the solution was a little more concentrated. He concludes that if it were only possible to administer sufficient creasote for the blood to contain that drug for some time in the proportion of 1-4000th of its own quantity, tubercle bacilli would probably cease to develop. This, he contends, is impossible, not only because the required quantity of creasote in the blood would be more than twenty grains, but because it would be impossible to determine what quantity