PATHOLOGY

IN CHARGE OF

JOHN CAVEN, B.A., M.D., L.R.C.P. Lond.,

Professor of Pathology, University of Toronto and Ontario Veterinary College; Pathologist to Toronto General Hospital and Home for incurables.

ASSISTED BY

JOHN A. AMYOT, M.B. Tor.,

Demonstrator of Pathology, University of Toronto; Assistant Surgeon to St. Michael's Hospital; Physician to House of Providence.

CHOLERA: A FATAL CASE FROM LABORATORY INFECTION.

It will be remembered that the experiments of Von Pettenkofer relative to the etiology of cholera, in the course of which he swallowed a considerable quantity of a bouillon culture of the specific bacilli, with the effect of inducing only a moderate degree of gastro-enteritis, led him to the conclusion that the germs alone were incapable of producing true Asiatic cholera (cf. *American Journal of the Medical Sciences*, March, 1893, p. 355). This conclusion was at the time disputed by the Berlin school of bacteriologists, by whom it was suggested that Von Pettenkofer had in reality suffered from a mild attack of cholera, and that, in any event, one case of positive infection would outweigh many negative experiments. The positive, unquestionable proof has at last come to us in the case of Dr. Oergel, assistant at the Hygienic Institute in Hamburg, who died recently from cholera acquired by direct infection while experimenting with pure cultures of the cholera bacilli. Details of the case are reported by Reincke in the *Deutsche medicinische Wochenschrift*, 1894, No. 41, p. 795.

The exact manner in which the infection occurred is not definitely known. Oergel was known to have on several occasions met with accidents in handling the cholera cultures with which he was working, and on one occasion he inadvertently sucked up through a pipette some of the peritoneal contents of a guinea-pig which had previously been inoculated with a virulent culture. Immediately after this he began to have diarrhœa, which proved intractable, and was followed in two or three days by a typical asphyctic stage of medium intensity, but with severe and prolonged muscular cramps. Vomiting and diarrhœa continued despite all efforts to stop them, and infusion soon became necessary. His strength gradually failed, a comatose condition supervened, with signs of a lung complication