

very uniform, laxative action of caffeine appears to be intensified by the presence of chloral in the compound. If this is a fact, it would seem to be contradictory of certain experiments on the lower animals that have been reported as showing that caffeine, in the presence of chloral, is almost wholly masked. Urea and cyanogen, in like manner, are said to be masked when given with chloral. However it may be as to the overmastering agency of chloral with other substances than caffeine, it seems to be an indisputable fact that caffeine-chloral has a therapeutic future before it in the treatment of chronic constipation. —*N. Y. Med. Jour.*, July 22nd, 1893.

The Etiology of Malaria.—The latest addition to our knowledge of the bacteriology of malaria has been contributed by Dr. Julius Mannaberg, in a paper read before the Society of Physicians at Vienna. He divides the micro-organisms connected with malaria into two groups: (1) Parasites with direct sporulation without syzygies; and (2) parasites with direct sporulation and with syzygies. In the first group he places the micro-organisms connected with the quartan and tertian varieties of the disease; in the second, the pigmented and unpigmented organisms found in the blood of patients suffering from quotidian ague, and also those described as occurring in the malignant forms of tertian ague. Dr. Mannaberg had observed the latter variety before Marchiafava and Bignami described them, and corroborates these observers in every detail, both as regards the appearance of the parasites and the nature of the disease produced by them. Dr. Mannaberg further demonstrated by means of special illumination, that the younger forms of all organisms are not found in the corpuscles, as Marchiafava and Celli maintained, but, as Laveran had previously shown, are to be seen adhering to the outside of the red corpuscles. As regards the semilunar bodies in the blood of malarial patients, which have been described by several observers, Dr. Mannaberg states that in forty-three cases of "summer fever" (due to infection by the organisms contained in his second group), he found them thirty-seven times. He considers that these semilunes are formed by the coalition of two to four amœboid bodies, and states that he has been frequently able to demon-

strate the approach of such bodies to each other and the subsequent appearance of a semilune. Dr. Mannaberg opposed Laveran's views that the semilunar bodies were the result of the cachexia produced by malarial poison, for he had never seen them in the blood of patients suffering from the forms of disease produced by organisms of his first group when the ague had lasted for a very considerable period, but had frequently found them within the first few days of the fever in the blood of patients suffering from the more severe forms (second group) of malarial poisoning, but in which cachexia was not marked. Finally, he considers the treatment of malaria by quinine, and maintains that the organisms are destroyed and rendered inert by the action of this drug. —*British Medical Journal*.

Spontaneous Rupture of the Symphysis Pubis During Labour.—Oelschläger (*Centralbl. für Gynäkol.*, 1893, No. 24, p. 563) has reported the case of a primipara, twenty years old, in which, with the onset of labour-pains, two eclamptic attacks occurred in quick succession. The lower extremities were edematous, and the urine contained a small amount of albumin. The promontory of the sacrum could be touched with two fingers introduced into the vagina. The head was quite high in the pelvis, and but slowly followed in the grasp of the forceps, a not excessive degree of traction being exercised. As the head began to rotate in the small pelvis, a crack was distinctly heard. Examination disclosed a separation of 1.15 inches in the situation of the symphysis pubis, and the delivery of a living child weighing nine pounds was soon readily effected. On the day following the labour, a leather support was applied to the hips. For two weeks the region of the symphysis was tender upon touch and painful upon movement, but a week later the woman was able to be up and about, although a light degree of separation of the pubic bones persisted. —*Medical Progress*.

Multiloculated Pleural Effusions.—Rudolph (*Centralbl. f. klin. Med.*, June 17th, 1893) draws attention to the practical importance of this form of pleural effusion. The loculi may be quite separate from each other or may communicate. The character of the effusion must depend on the