

vascular tension, especially in ocular hypertension and effusion, when given subcutaneously in appropriate cases, it stands unequalled, and that prudently administered, it is as safe a remedy as any other powerful therapeutic agent we are daily using for other therapeutic indications."

Dr. H. Barrett has used it in four cases. These occurred in the persons of three gentlemen, whose ages varied from forty-five to twenty-three, and one lady, aged twenty-one. In each case the treatment was continued for six weeks, and in each of the male cases material improvement was effected. In the lady's case, he could not find any worth mentioning. It was not merely that he detected improvement in the three male patients by the usual methods of testing, but they expressed themselves as hearing with much greater facility.

His experience with the small number of cases mentioned led him to believe that the full benefit of the treatment could not be gained in a less time than six weeks; and it is probable that in many cases an even longer period would be better.—*Br. Med. Jour.*

CREASOTE IN TUBERCULOSIS.—Professor Sommerbrodt, of Breslau, in two communications to the "Therapeutische Monatshefte," declares that an experience of over five thousand 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 1/1000 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 1/1000 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 of creasote would have to be administered to make twenty grains of it circulate in the blood. Sommerbrodt believes that it is possible to give the necessary quantity of creasote. He has been prescribing for some time to many hundreds of tuberculous patients capsules of creasote, each containing one grain of the drug. These capsules were taken, three the first day, and every succeeding day one more until the eighteenth day, after which the same quantity—from twenty to twenty-five grains per day—was continued for many months. The author says that it is impossible to presume that the twenty grains of creasote have already entirely passed out of the blood by the

time the second or third dose of the drug is given, so that probably such an accumulation of creasote takes place in the tissues as to fulfil Dr. Guttman's postulate. He has, at any rate, had the most gratifying success with this medication, and his experience was that the more creasote a patient could bear in a day the greater was this success. The *modus operandi* of the creasote, Dr. Sommerbrodt says, has not yet been sufficiently cleared up. . . . He suggests, therefore, that serum from a man who has for some time taken more than twenty grains of creasote be used to cultivate tubercle bacilli, so as to find out if this acts differently from the serum of another person used for the same purpose.—*LANCET.*

DEATH AT THE COMMENCEMENT OF CHLOROFORM INHALATION.—"A curious death occurred at Birmingham, recently, during the administration of chloroform. A lady, about 25 years of age, of very nervous, excitable temperament, desired to have some teeth extracted, and insisted upon an anæsthetic. In the presence of her husband and the dentist, her medical attendant administered chloroform. The patient was seated in an easy chair, and, after inhaling a few breaths of chloroform, she slipped down in the chair, and her pulse and breathing were both found to have stopped. Artificial respiration was at once resorted to, but without success. It seems perfectly clear that the patient was not anæsthetised when she died, as she had only just commenced to inhale the chloroform, and, of course, no attempt had been made to extract her teeth. The coroner's jury returned a verdict that death was due to syncope, and that no blame whatever attached to the administrator." Syncope, as has long been known, will result from any very violent emotion, and especially from the effects of fear. In a case recorded in Germany a few years back, a female patient visited a dentist, and requested him to extract some carious teeth, demanding, at the same time, that she should be chloroformed. The dentist, very properly, explained the risks of chloroform, and suggested nitrous oxide; but his patient persisted, and he consented to humor her. Having, however, a wholesome dread of chloroform, he substituted eau-de-Cologne, and bade her inhale the supposed anæsthetic from a folded towel. After two or three inspirations she suddenly fell from the chair, and died. That death occurs from fear in some cases during the earliest stage of chloroforming is unquestionable; and as it is predisposed to by the sitting posture, and by forcibly restraining the patient's voluntary movements, there can be very little doubt that in every case in which chloroform is to be administered, the recumbent posture should be insisted upon, and a loose dressing-gown substituted for the usual workaday costume. There is another point of no small importance, which is