in which reference was made to the very successful year the Branch had just closed. A general view of the progress of medicine was taken, special mention being made of the transmission of disease from lower animals to man. The political status of the profession in the colony was touched upon.

Vote of Thanks.—A vote of thanks was given to the Surgeon-General for his address.

Dr. Massiah's Motion.—Dr. MASSIAH brought forward the motion standing in his name; this was seconded by Dr. E. G. LEARY. Dr. LAW moved an amendment to the effect that the Committee should strictly confine itself to the pathological condition of the bone, and after some discussion this was carried by a majority of seven.

Notice of Motion.—Dr. HONIBALL handed in notice of motion as to the Surgeon-General being *ex officio* President, and as to voting by proxies.

Specimens.—Notice was read by the SECRETARY of specimens sent by Dr. A. Dickson of Ovarian Pregnancy, Guinea Worm, etc.

SPECIAL CORRESPONDENCE.

PARIS.

[FROM OUR OWN CORRESPONDENT.]

Cocaine Poisoning.—Variations of Microbes under Cultivation.—Transmission of Tubercle by the Air Passages.—Farcy in Man.

DR. J. DÉJERINE records an interesting case of poisoning by subcutaneous injections of cocaine. The patient was a young dentist, aged 26. M. Déjerine found him in a semi-comatose state, with generalised muscular contraction of the arms and legs. The arms were slightly bent, the legs were stretched out; the knee-jerk was not discernible owing to contraction. The pulse was quick but regular (120), the breathing hurried; the eyes were closed, the pupils dilated and insensible to light. There was complete unconsciousness. The following lesions were detected on the skin: There was a pustular crusty eruption, consisting of pustules the size of a pea, covered with a blackish-grey dry scab, on the anterior external surface of the two arms and on the anterior part of the legs and thighs. This eruption resembled the scabs of syphilitic rupia. On returning to consciousness the patient rose and walked about, with his eyes closed on account of the painful sensation caused by light on the eyeballs. He gave the following particulars as to the cause of the attack: Six weeks previously he began to give himself subcutaneous injections of cocaine. He began with doses of 1 centigramme, and gradually increased the quantity until he used 50 centigrammes. The injections produced agreeable sensations and sexual desire followed by emission. The evening on which the attack above described took place he had injected 1 gramme of cocaine at 10 o'clock. He employed three syringes and a warm solution. At the third injection he fell down unconscious. The next day Dr. Déjerine again examined the eruption, which seemed to be due to localised gangrene of the cutis, resulting from the injections with cocaine, which the patient introduced into and not under the skin. At the spot where the injections were made there were white patches insensible to the touch. The patient stated that when M. Déjerine pinched him in different places during the state of coma he was aware of the fact, but felt no pain whatever. He was, therefore, sensible to the contact of an external object, but insensible to pain. The patient recovered. M. Déjerine considers that if the patient had not gradually accustomed himself to progressive doses of cocaine the dose of 1 gramme would have proved fatal.

MM. Léon Guignard and Charrin, at a recent meeting of the Académie des Sciences, described the results of their experiments on the morphological variations of microbes, and more particularly of the pyocyanine microbe. This microbe, in broth cultivations, appears as an active bacillus, about twice as long as it is broad. The cultivation, placed in a stove at a temperature of 35° C. (95° F.), becomes covered with a film, beneath which a greenish-blue colouring matter is observed, which gradually turns yellow. The bacilli collect their contents into one or two corpuscles; the membrane swells round these corpuscles, which constitute encysted cells or arthrospores. The microbe may be made to assume various forms by adding different mineral or organic acids to the broth. If a small quantity of carbolic acid or creasote be added, it appears as a bacterium. With naphthol at 0.25 per 1,000, thymol at 0.50 per 1,000, or alcohol at 40 per 1,000, bacilli of different lengths are obtained. These are either separate or joined together by pseudo-filaments or filaments tangled together, forming a network on the surface of the cultivation. These different forms are transitory, and the normal bacillus shortly reappears. If bichlorate of potassium at 0.10 per 1,000 be added to the broth, the cultivation presents a collection of tangled filaments during five or six days; at the end of this time they are replaced by the normal bacillus. If 3 per 1,000 of boric acid be added, the development of the bacillus is retarded, but it continues to produce pyocyanine. With 5 per 1,000 of boric acid short filaments are obtained; with 6 or 7 per 1,000 of the same substance straight or curved bacilli, crescent or ring-shaped, are obtained. If these bacilli do not divide they assume spiral forms. The microbe then ceases to produce pyocyanine, and gradually reassumes its normal form. Bacilli cultivated in broth, to which 0.75 of creasote, or 2 grammes of salicylic acid has been added, form a collection of durable, spherical cells, which resemble micrococci. These cells constitute a means of reproduction, for when replaced in the cultivations of pure broth they reappear as normal bacilli, and produce pyocyanine. These experiments show how far experimental polymorphism may be carried, and the variety of forms which the pyocyanine microbe may be made to assume. These forms, however, are but transitory, and the normal bacillus which produces the pyocyanine invariably reappears.

At the same meeting MM. Cadéac and Malet gave an interesting description of their experimental researches on the transmission of tuberculosis by the respiratory passages. Three series of experiments were made. 1. Forty-six animals (rabbits and guinea-pigs) were made to inhale a portion of tuberculous detritus; of this number two only became tuberculous; the respiratory passages of these animals were irritated by inhalations of bromine. 2. The atmosphere in boxes containing rabbits was saturated with tuberculous fluid. All the animals contracted tuberculosis. 3. Tuberculous substances were introduced into the trachea of some rabbits by means of injections; the animals shortly became tuberculous. MM. Cadéac and Malet conclude from their experiments that when the tuberculous bacillus enters the respiratory passages by means of an inert fluid, these passages constitute a favourable agent for the development of tuberculosis. The bacilli are almost unable to introduce themselves into the respiratory passages when they are incorporated in a fine dust.

M. Bucquoy had a case of chronic farcy under his care. The patient was a man, aged 46, who had suffered from abscesses in the muscles and areolar tissues in different parts of the body for several months. The first of these abscesses proceeded from a wound in the hand, accompanied by lymphangitis of the arm, with suppurating glands in the axilla. Fresh abscesses appeared, the general condition became worse, and the patient died. At the necropsy a number of farcinous abscesses were found, two of them were intracranial, one in the meninges and another in the brain; the mucous membrane at the base of the tongue and glosso-epiglottic folds was ulcerated; this last symptom is regarded by veterinary surgeons as characteristic of glanders. The patient had driven a horse belonging to a stable in which several cases of glanders had occurred. While the patient was alive Dr. Bucquoy made inoculations and cultivations with the virus. He found that asses resisted the action of this virus. M. Bucquoy regards this as one of glanders. The farcinous character of the affection and its marked appearance were probably due to the quality of the virus, its mode of transmission, or the medium in which it developed.

VIENNA.

[FROM OUR OWN CORRESPONDENT.]

Pilocarpine in Bright's Disease.—Thoracocentesis in Empyema.—The Chair of Anatomy in the University of Vienna.

DRS. D. Benezúr and S. Csatáry, assistants to Professor Wagner in the medical faculty of Buda-Pesth, give in a recent number of the Hungarian medical periodical, *Orvosi Hetilap*, the following summary of a series of articles on the effect of pilocarpine chloride in Bright's disease, published in that journal: 1. The patients become accustomed to the pilocarpine, and even large doses, such as 6 centigrammes, do not at a later period produce such disagreeable after-effects as doses of 1 centigramme at the beginning of the treatment. The injections of pilocarpine should not be discontinued in consequence of symptoms which had been con-

sidered as being dangerous. 2. The effect of pilocarpine on the daily secretion of saliva, sweat, and urine, as well as on the daily oscillations of the amount of hæmoglobin in the blood, is in most cases regulated by the stage of the disease and by the quantity of liquid which had been taken. 3. The œdema disappeared the more rapidly the larger the dose of pilocarpine given, and the less the quantity of liquid which the patient has taken. 4. Pilocarpine considerably increases the density of the blood for from four to five hours. 5. The hydræmia in Bright's disease does not depend on the amount of the œdema. 6. The quantity of hæmoglobin in the blood diminishes, that is to say, the hydræmia increases when the general condition of the patient becomes impaired during the course of the disease. 7. When used according to the above-mentioned principles, pilocarpine will be found in most cases of Bright's disease, even when hot baths and other diaphoretics prove useless, always to diminish dropsy to such an extent that the patient is more or less protected against dangerous uræmic suffocative attacks. In this way it may be possible to obtain a relative cure; that is, in secondary granular contracted kidney.

Professor Wölfler, of Graz, recently communicated to the Society of Physicians of Styria a case of empyema cured by simple puncture. The empyema had developed spontaneously, and was probably due to tuberculosis. Puncture was performed with a trocar between the sixth and seventh ribs, on the left side, and the pus was evacuated by siphon drainage. The lower end of the india-rubber tube communicated with a bottle filled with antiseptic fluid, and was left in till no more pus escaped. Healing took place very rapidly, and this method was apparently preferable to extensive resections of ribs. Professor Wölfler had lately successfully treated three patients by this simple method. They were instructed to carry the bottle, together with the drainage-apparatus, until no more pus escaped.

The professional body of the Vienna Medical Faculty appointed, at a recent meeting, a committee to choose from among the candidates one to be recommended for the chair of Normal Anatomy vacant by the death of Professor v. Langer. The committee consists of the dean of the Medical Faculty (Professor Kundrat) and Professors Billroth, Albert, Meynert, and Joldt.

SAN REMO.

[FROM OUR OWN CORRESPONDENT.]

THE condition and progress of the Crown Prince has been the one absorbing topic here for the past ten days. The dyspnœa to which I alluded in my last letter increased so much on Wednesday night, that on Thursday morning Sir Morell Mackenzie requested Dr. Bramann to perform tracheotomy. Dr. Bramann asked that a few hours should be given in order to see whether the breathing might not become less embarrassed, and Professor von Bergmann, according to arrangement, was telegraphed for. During the day, however, the stridor increased, and at 3.30 the operation was skilfully performed without any complication occurring. I understood that Sir Morell Mackenzie was opposed to the administration of chloroform; but finding that Dr. Bramann invariably used this anæsthetic he advised the Crown Prince to submit to it, so that the statement telegraphed by the Berlin correspondent of the *Times* that "the Crown Prince consented to take chloroform in spite of the opposition of Sir Morell Mackenzie" is quite without foundation.

The after-treatment has been entirely in the hands of the German surgeons Professor von Bergmann and Dr. Bramann. It is said there has been great difficulty with the cannulas, several different tubes having been tried, but all of them causing irritation of the mucous membrane of the trachea; and, up to the present time, the mucous discharge continues to be tinged with blood, but the physicians in charge are very reticent on this point. There is a good deal of coughing at night, due to tracheal irritation; and narcotics are administered, but they are not altogether effectual; so that the Crown Prince has all the disadvantages of this class of remedies without the usual benefit. In this way it is feared his general health may suffer, and the recovery from the operation may be long and tedious. On closing the cannula the breathing is found to be much more free than before the operation. The voice also is considerably stronger. The patient is never left without a medical man, Sir M. Mackenzie and Professor von Bergmann taking their turn of watching with the rest.

The Crown Prince rises at 11 o'clock and remains up until 9, and is frequently to be seen at the window of the villa bowing to the people. His appetite has quite returned, and he has shown throughout this trying time, with the Crown Princess, the greatest bravery and fortitude.

At the frequent consultations that have been held the essential nature of the malady from which the Crown Prince is suffering has never been made the subject of discussion, so that the supposed differences between the English and German medical men on this point have no foundation whatever.

Sir Morell Mackenzie is remaining, at the urgent request of both the Crown Prince and Princess; but his position at the present moment is more that of a spectator than an active participator, and it is stated that he is not at all satisfied.

The Grand Duke and Duchess of Baden (sister of the Crown Prince) are staying here.

The Prince of Wales arrived on February 20th at the Victoria Hotel, and San Remo is very full, never certainly having had so many Royal and distinguished visitors at one time before. The picture painted by the Crown Princess and sold at the recent art exhibition for the benefit of the Home for invalid ladies, realised £65, and was finally perchased by Dr. Schidrowitz, the London correspondent of the Berlin *Tageblatt*. The institution benefited to the extent of over £100 by the exhibition. After over a month of fine weather we have had a short spell of sharp cold, but it is now warmer, and, heavy rain having fallen, the early Italian spring is to be anticipated.

SWITZERLAND.

[FROM OUR OWN CORRESPONDENT.]

Railway Medical Service.—Students' Duels.

As the *Intelligenzblatt für Stadt Bern* (February 3rd) says, all the stations on the Amalgamated Swiss Railways (*Vereinigte Schweizerische Bahne*) have recently been supplied with the so-called *Sanitätskisten* (manufactured at the well known International Dressing Materials Factory at Schaffhausen), that is, with cases containing all necessary articles (bandages, splints, drugs, etc.) for first aid in cases of accident. Each case also contains printed directions how the appliances are to be used. Practical instruction has also been given to the officials at each station.

The absurd and barbarous custom of duelling, which still survives with astonishing pertinacity amongst German students from one generation to another, has recently given rise to two sad accidents in Berne. One of the combatants had the whole of his nose slashed off, while another, who was on the point of taking his M.D. degree, had his right arm so entirely disabled by a foil that his medical career has come to a premature end. These accidents, however, did not prevent another series of duels, which took place on February 4th (that is a couple of days after the above mentioned accidents), in Berne, between several members of the Corporation Helvetia, and as many students from the University of Zurich, who had come to Berne expressly for the purpose. We learn from the *Berner Stadtblatt* of February 7th, 1888, that this time no noses were lost and no limbs were maimed, though a good many flesh wounds were inflicted. The police, acting on "information they had received," succeeded in surprising one set of combatants in the morning, and in confiscating the weapons and other fighting gear. This did not, however, cool the ardour of these noble "sportsmen," who managed to bring off some exciting "events' at another place the same afternoon.

CORRESPONDENCE.

THE ELECTRICAL TREATMENT OF UTERINE TUMOURS.

SIR,—In the last number of the *Birmingham Medical Review*, for February, 1888, there is a report of a meeting of the Midland Medical Society, at which Mr. J. W. Taylor read an important paper on the Use of Electricity in Gynæcology. A discussion followed, in which, as a matter of course, Mr. Lawson Tait made himself conspicuous. Taking it for granted that his prejudices were realities, and jealous that any one should make an advance in gynæcology beyond his own standpoint, without his sanction or assistance, he launched out into a reiteration of assertions about my treatment of uterine tumours, in which calumny and