

## Medical Matters.

### ANTI-STREPTOCOCCUS SERUM IN SCARLET FEVER.



In a recent number of the *Medical Record* Dr. Fischer has an article on this new method of treatment. He begins by stating that Drs. Baginsky and Sommerfeld have arrived at the conclusion that the streptococcus is a distinct etiological factor in scarlet fever. Dr. Aronson made pure cultures from a child with scarlatinal angina, and was thus able to produce a very active and efficient immunising serum. This serum was utilised by Dr. Baginsky and the writer of the article in question. This new serum has certain very definite properties, among which may be mentioned its power of producing typical agglutination of the streptococcus. This has never before been possible with anti-streptococcus serum. Dr. Baginsky's results with the new serum give a death-rate of 4.2 per cent., whereas his cases which were not so treated produced a mortality averaging 17.3 per cent.

### CARBOLIC ACID POISONING.

Dr. Marshall reports (in the same journal) an interesting case of accidental carbolic acid poisoning in a man seventy-four years old. The patient had been bed-ridden for three months, suffering from cystitis and albuminuria and arterio-sclerosis.

The nurse in charge had directions to administer an enema of 4 oz. of olive oil with two tablespoonfuls of glycerine through a rectal tube introduced 12 in. into the bowel. By an error she poured carbolic acid into the oil instead of glycerine, and administered the enema, whereupon the patient complained of a pricking sensation in the rectum. The nurse then examined the bottles and discovered her mistake. She immediately washed out the bowel with two quarts of water, the return water smelling strongly of carbolic and burning both the nurse's hands and the patient's skin. In five to eight minutes the patient became very feeble; his pulse began to fail, and his mind to become dull. In a quarter of an hour he was only semi-conscious. The eyes were widely open and the pupils contracted; the mouth was

open and the tongue was slightly protruded, with the tip pointed upwards, and was moved from side to side with great regularity. The respirations were heavy and regular.

Ten minutes after the carbolic injection, the nurse washed out the bowel with equal parts of alcohol and water, followed by water and then with milk.

Dr. Marshall saw the patient three-quarters of an hour after the accident, and ordered the alcohol and water enema to be repeated twice, followed by irrigation with milk. At the same time, strychnine, digitalis, brandy, and nitroglycerine, and, later, atropine, were given hypodermically—no effect was produced on the heart, however, for some two hours, when slight pulsation was noticed in the radial artery. Brandy injections were then repeated, and the patient gradually recovered, and was well enough four hours later to call for a bed-pan. The bowels were then moved normally. By noon of the next day the urine was smoky, and continued to be so for about thirty-six hours. One point of interest in the case is that after the accident the urine, which before contained much pus and was very offensive, became clear, free from pus, and lost its odour.

In five days, the patient had returned to the condition he was in prior to the accident.

### THE LARYNX IN ANEURISM.

In a paper on "The Importance of Examining the Larynx in All Cases of Aortic Aneurism" (*Journ. Laryn. Rhin. and Otol.*, Vol. XVII., No. 8), Dr. Sendiak presents seventy-four cases in support of his title. He maintains that the paralysis of the recurrent laryngeal nerve is very frequent, and is often the earliest sign of aortic aneurism; that the X-rays in cases where aneurysmal symptoms are absent will generally confirm the diagnosis made from laryngeal aneurism. He gives the case of a woman of fifty-four, in whom examination showed adductor paralysis without laryngitis. There were no traces of any nerve disease, but signs of arterio-sclerosis. Thoracic examination only showed hypertrophy of the left ventricle, but the X-rays revealed an extensive aortic aneurism.

### TRYPANOSOMA AND SLEEPING SICKNESS.

In the cerebro-spinal fluid of cases of sleeping sickness Dr. Castellani has found a species of trypanosoma. It will be remembered that a Commission was sent out from this country

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