A PRELIMINARY NOTE ON THE INFLUENCE OF THE ANTHRAX VIRUS ON TUBERCULOSIS.

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DR. PERRONCITO has recently announced the results of some experiments which were undertaken with a view of ascertaining the influence of vaccination against anthrax upon the susceptibility of animals to tuberculosis.¹ He was led to make this inquiry by observation of the fact that in Italy the districts in which protective vaccination of cattle against anthrax had been adopted on a large scale were remarkably free from tuberculous disease. He has stated that (1) cattle vaccinated against anthrax are insusceptible to tuberculosis; (2) the saturation of a tuberculous animal with anthrax virus renders the tuberculous disease stationary, and renders the tuberculous nodules inert when tested subsequently by cultivation or by inoculation of guinea-pigs; (3) rabbits were unsatisfactory animals for the experiment, for if a strong virus were used for the vaccination the animals died of anthrax, and if a weak one were employed they died of tuberculosis. In other words Dr. Perroncito was not successful in vaccinating his rabbits against anthrax, and therefore had no means of estimating the true effect of this vaccination on the tuberculous process. At least, that is the impression I gather from a note of his communication which appeared in the *Gazzetta degli Ospitali*.

I have myself made some experiments on the same subject—not on cattle, but on rabbits only—and although the inquiry is by no means complete, I think it well to make known the results I have obtained, as they form an important control to those of Dr. Perroncito.

Although it is not by any means easy to vaccinate rabbits against anthrax, I have succeeded in doing so in six instances, and these animals I used for observing the course of tuberculous infection in the soil thus prepared. They were all inoculated with matter from the tuberculous lymphatic gland of a calf.

The result was as follows: Four of the animals, immune to anthrax, contracted general tuberculosis and died in about the same time as a control rabbit inoculated with the same material. The nodules in these animals were quite infective, as I have since proved. The fifth contracted a local tuberculosis at the point of inoculation, and, in the remaining animal, an acute suppurative process developed around the introduced caseous matter, resulting in much loss of tissue, but eventual perfect healing. The animal is still apparently quite healthy. I cannot consider this an instance of protection against tuberculosis by the previous anthrax vaccination, as I have observed exactly the same thing take place in an unprepared animal. I have had no opportunity of carrying out, as Dr. Perroncito has done, the experiment with the higher animals (oxen), but the observation must be repeated with the same successful results before any generalisation from it can be accepted. I hope to be able before long to supplement these results by other observations now in progress.

The above experiments were performed in the Conjoint Laboratories of the Royal Colleges of Physicians and Surgeons, London.

¹ Vide EPITOME, BRITISH MEDICAL JOURNAL, February 6th, 1892.

BALNEOLOGICAL CONGRESS.—The fourteenth meeting of the Balneological Congress will be held, from March 10th to 13th, in the Pharmacological Institute at Berlin under the presidency of Professor Oscar Liebreich. Among the communications promised are the following: The Treatment of Diabetes Mellitus, by Dr. Jacques Mayer; The Connection between Universal Lipomatosis and Diabetes Mellitus, by Dr. Kisch; The Internal Treatment of Persons suffering from Calculus, by Dr. Posner; The Initial Symptoms of Nervous Asthma, by Dr. Goldschmidt; The Therapeutics of Phthisis and Koch's Method, by Dr. Römpler; The Treatment of Eczema by Baths, by Professor Lassar, etc.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

FOREIGN BODY IN THE EAR.

R. W., aged 43, stated that when 6 years of age something got into his left ear, but that as no ill effects ensued his parents had nothing done. About six months ago he began to hear noises and experience a buzzing in the head on the left side. These got worse and he found himself getting deaf. He came to the infirmary, and on examination I detected a foreign body. After carefully syringing the ear for some time, a large stone covered with cerumen escaped. The drum appeared quite normal, and the patient now hears quite well and is free from noises in the head.

This stone, represented in the accompanying drawing of the exact size, must have been in the external auditory canal

without inconvenience or doing harm for about thirty-seven years. The reason why he experienced the noises and other symptoms during the last six months was I think the accumulation of sufficient wax to close up the canal completely.

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DEATH UNDER ETHER.

I BEG to forward some further particulars concerning the case noted by you, in the BRITISH MEDICAL JOURNAL of February 6th, of "Death Under Ether at the Royal United Hospital, Bath."

On January 29th I admitted into the hospital, under the care of Mr. Freeman, S. D., aged 37, a dustman, who was suffering from a small strangulated right inguinal hernia. He had attended as an out-patient at the hospital on the previous day—and was seen by one of the honorary assistant medical officers—complaining of symptoms which appeared to be due to his drinking habits, he making no mention of the rupture.

The patient, although very weak, walked to the hospital on the day of admission. He was placed in bed, and the usual measures for taxis were employed; but these proving unavailing, and his general condition becoming rapidly worse, he was given an enema of brandy and taken to the operating theatre for the purpose of performing herniotomy. On examination no sign of organic lesion was discovered in the chest, and ether was slowly administered by myself. There was some struggling at the commencement, but anaesthesia was induced in from six to eight minutes, and the operation was begun by Mr. Freeman.

Two minutes later breathing ceased—the temporal pulse persisting—after three or four shallow respirations. There was no stertor or mydriasis. The tongue was immediately drawn forward, the head thrown back, and artificial respiration performed, enemata of brandy and injections of strychnine being given and the faradic current employed to the phrenic nerves. A few ounces of dirty bilious fluid escaping from the mouth soon after, tracheotomy was performed to obviate the risk of any foreign matter being sucked into the lungs. Although artificial respiration was continued for an hour and a-half, all efforts to resuscitate the patient were ineffectual, no signs of vitality being noted after the cessation of breathing.

A post-mortem examination was made by myself thirty-six hours later. Rigor mortis was marked. On opening the hernial sac a small knuckle of ileum was alone seen. This was very deeply congested, but the congestion did not extend to the mesenteric border, involving only about two-thirds of the circumference of the gut. The bowel was adherent to the sac round the neck, and there were a few