The antitoxic serum was found to neutralise the effect of 2.0 c.cm. of sterilised bouillon, when injected simultaneously into the peritoneal cavity in the dose of 0.2 c.cm.

Experiments for ascertaining the curative action of the serum were carried on in this wise: A number of guinea-pigs were inoculated with several times the fatal dose of the virus, so that the untreated animals died within twenty hours after such inoculation. At the expiration of each successive hour injections were made in some of the animals, and it was shown that those treated not later than seven hours after the inoculation of the virus were cured, while those in which the injections were made after the lapse of seven hours could not be saved by the serum. In other words, if injected during the first third of the entire course of the disease (thus experimentally produced) the serum can be considered curative.

II.—CASES OF CHOLERA TREATED WITH ANTICHOLOERA SERUM.

(A) 270 cases were admitted into the Hiroo Hospital, Tokio, from August 6th to November 10th, 1895. Of these cases 138 died. Rate of mortality 51.1 per cent.

Anticholera serum was employed in 193 cases only, owing to the fact that the supply of serum was inadequate to allow it to be used in all cases.

The rate of mortality among Japanese in nearly all the previous epidemics, as well as that of the last epidemic, has always been about 70 per cent. Without claiming to draw, from a number relatively so small, the final conclusion that the serum treatment was attended with the reduction of 20 per cent. in the mortality statistics, it is evident at least that the result of the new therapy was not an unfavourable one. Moreover, there is reason to believe that with a sufficient supply of very efficient serum the rate of mortality can still be lowered.

(B) Subsidiary results of serum injections are similar to those of diphtheria antitoxin: 1. Urticaria (very common). 2. Arthralgia (only observed in 18 cases). 3. Myalgia (only observed in 6 cases).

(C) Obviously there must be difference in the prognosis of each case according to the time which elapsed before the patient came under treatment. Such analysis is given in the following table:

Number of Hours from the Invasion till First Injection.	Cases.	Deaths.	Percentage.
Less than 8 hours...	12	0	0
8 to 12 hours	18	4	22.2
12 to 24 "	53	17	32.1
24 to 48 "	63	25	39.7
48 to 72 "	31	12	38.7
Over 72 "	16	5	31.1

(D) Three cases of cholera were observed in children under 2 years of age.

Bacteriological examination, microscopic as well as cultural, was made in every case.

A RAPID AND CONVENIENT METHOD OF PREPARING MALARIAL BLOOD FILMS.

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THE following method of preparing films of malarial blood will be appreciated by those who have practical experience of the ordinary methods of making cover-glass films. Besides ease and rapidity, the method has other and obvious advantages.

A nurse is instructed to cleanse with spirits of wine or ether as many microscope slips as are likely to be required, and to place them, arranged in one or more rows, on a table near the patient. Three or four oblong slips of very fine clean tissue paper, $1\frac{1}{2}$ by $\frac{1}{8}$ inch, are also prepared. The

patient's finger is cleansed, and pricked in the usual way. A droplet of blood, about $\frac{1}{16}$ inch in diameter, is then expressed from the puncture and taken up by touching it with one of the papers, the blood being applied about $\frac{1}{2}$ inch from the end of the paper. The charged surface of the paper is then placed upon a glass slip rather towards one end. In a second or two the blood will have run out in a thin film between paper and slip. When this has taken place—not before—the paper is drawn along the surface of the glass. The same paper, without recharging, is placed in a similar way on a second slip, on a third, on a fourth, and so on. When exhausted, the paper is recharged from the finger as many times as may be found necessary. In this way 50 or 100 exquisitely fine films may be prepared in five or six minutes. Labels are then attached, and the slides stored away to await convenience. Before proceeding to stain, the blood is fixed by dropping a little absolute alcohol on the films. The slides are then dried, and stained with the borax (5 per cent.), methylene blue ($\frac{1}{2}$ per cent.), a few drops of the solution being applied for about half a minute. After washing and drying, cover glasses with zylol balsam are applied. The result is excellent.

If one wishes to search for crescents, a good plan is to make the films fairly thick, to fix with alcohol, and then to wash out the hæmoglobin with very weak acetic acid—2 or 3 drops to the ounce of water. The now colourless film is again washed, stained with methylene blue, and mounted in zylol balsam in the usual way. The field not being obscured by blood corpuscles, the large amount of blood which this method of preparation enables us to pass rapidly in review greatly favours the quick finding of any crescents that may be present.

The same method of preparing blood films is equally applicable for the demonstration of other blood parasites.

A CASE OF ARREST OF THE HEART'S ACTION AND OF RESPIRATION DURING CHLOROFORM ANÆSTHESIA: BLEEDING FROM INTERNAL JUGULAR VEIN: RECOVERY.

BY
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MR. S., aged 17, was sent to one of us (H. F. W.) by Dr. Denton, of Brixton, on December 4th, 1895, suffering from tuberculous disease of the glands of the right side of the neck. Several glands extending from above the angle of the jaw towards the sterno-clavicular articulation were felt to be much enlarged, and were described as having increased considerably in size during the past few weeks. On December 7th the patient consulted Dr. Douglas Powell, who examined the heart and lungs carefully, pronounced them normal, and recommended the immediate removal of the affected glands. In this opinion Dr. Denton entirely concurred.

The operation was therefore undertaken on December 15th, with the assistance of Dr. Denton. Chloroform was administered on a Skinner's mask by one of us (C. G.). Chloroform was selected for several reasons: (1) The patient was a youth 17 years of age, and we had it on the high authority of Dr. Douglas Powell that his heart was healthy; (2) the glands formed a projection near the angle of the jaw, and therefore an ether mask was considered undesirable on the chance of septic contamination of the wound; (3) there were present marked postnasal vegetations (adenoids), congestion of the pharyngeal mucosa, and thickening of the mucosa covering the turbinated bones. It was anticipated that the irritating vapour of ether would cause a further temporary increase in size of these swollen structures, and that this, aided by the necessarily increased secretion of mucus, would seriously embarrass respiration. Obvious objections to the administration of ether presented themselves, whilst, on the contrary, we saw no contra-indication to chloroform anæsthesia.