hand of the editor of the *British Medical Journal*. I am disappointed at such a feeling in Mr. Smith and I venture to hope that it does not express his permanent opinion. The freedom of the press is perhaps exaggerated, but it is certainly one of the glories of England and it will be a bad day for the medical profession if the medical press has its freedom limited. So long as editors are fair and above board, so long as they display courage and interest and full information, and a faculty of leading, and complete independence of persons and cliques, so long should they be independent and much praised for their independence. It will be another blow at the influence of the British Medical Association, in addition to that involved in the wooden and mechanical system of representation lately introduced at the instance of less than a hundred of its members, if its journal is to be silenced in discussing the claims of candidates for direct representation. Such a change, I need not say, will be still more injurious to direct representation itself which must come to grief if it and all its would-be representatives cannot bear the fullest discussion.

I am, Sirs, yours faithfully,
Highbury-place, N., Oct. 7th, 1902. J. G. GLOVER.

SOME OBSERVATIONS ON INTRAVENOUS INJECTIONS WITH A DEATH FOLLOWING THE INJECTION OF ANTI-STREPTOCOCCIC SERUM.

To the Editors of THE LANCET.

SIRS,—On one occasion two pints of normal saline solution which “felt cold” to the finger of the surgeon and which he estimated to be about 85° F. were given intravenously in an emergency to a woman who was in a low state from long-continued sepsis. She had never had convulsions, but within 10 minutes she began to shiver with great violence and a severe rigor resulted, which lasted an hour in spite of the administration of a quarter of a grain of morphia and of brandy and the application of hot bottles, &c. In another case, a lad, aged 15 years, was admitted unconscious and apparently moribund, suffering from bubonic plague, with the respirations 16 and the temperature 36.5° C. (97.6° F.). His pulse was 140 and very feeble. He was given Pasteur’s “serum antipestis” intravenously. Six bottles were prepared, but by the time four had been injected (a Roux syringe with a cannula in the median basilic vein being used) the boy’s respirations had dropped to five or six a minute with most intense respiratory embarrassment and but little cyanosis, so I stopped the injection. Strychnine and coffee and brandy enema were given and his respirations and pulse, which had become imperceptible at the wrist, gradually improved, so that in two hours his respirations were 15 and his pulse 110 and his general condition was astonishingly good. From this time onwards he improved rapidly and recovered completely under ordinary stimulating treatment. In another case in which plague serum was being given intravenously I remember noticing intense respiratory distress with great slowing of respiration and but slight cyanosis, all of which disappeared in a few hours.

In a fourth case, a married woman, aged 30 years, a strong “wiry” subject, admitted with post-puerperal sepsis, was treated on ordinary lines by curettage, continuous irrigation, &c., for some weeks until finally Douglas’s pouch was opened and, later, hysterectomy was performed. She went on fairly well for six days, but with a considerable degree of bronchitis, the temperature averaging from 37.8° to 39° C. (from 100° to 102.2° F.). On the evening of the sixth day I injected into the right median basilic vein (after constricting the upper arm and plunging a fine trocar and cannula into the distended vein) some “anti-streptococcic serum” (B. W., and Co., Series 68). I injected one bottle (10 cubic centimetres) without having warmed it and was about to inject a second dose of 10 cubic centimetres when the woman instantly uttered a low cry and after a few twitching convulsive movements of the head and face stopped breathing—that is, she could not have taken more than two or three breaths after the first drops of serum entered the vein. I noticed that her pupils very quickly widened and that her face assumed an ashy pallor, but no cyanosis was present. Oxygen, artificial respiration, and the battery were tried, all unsuccessfully. Seven minutes after she stopped breathing occasional feeble churning movements

of the heart were audible on direct auscultation, but ten minutes after the respiratory stoppage the heart was silent and the woman was dead. As to the cause of death (which I believe was certainly attributable to the injection of the serum) I do not think “air embolism” is admissible, because immediately after disconnecting the syringe barrel from the cannula a few drops of blood exuded before I could apply my thumb, showing that there was certainly not a negative pressure in the vein. My procedure, too, was exactly the same in this case as in many other cases in which I have injected serum (including two injections of two bottles into this same woman three weeks previously when her general condition was not so very unsatisfactory). With regard to “cardiac syncope,” her respirations ceased immediately though her heart could be heard beating seven minutes afterwards. “Pulmonary embolism” seems very likely, but the serum, though not perfectly clear, did not contain any large shreds. “Immediate effusion into the lungs” suggested itself, but no râles were audible in her last two or three breaths or while artificial respiration was going on. Was the death due to some violent specific action of the serum on a debilitated patient? I remember reading of a collapse after intravenous use of anti-diphtheritic serum but am unable to find the account. I should be glad to hear of any similar experiences by others and suggestions as to the cause of death. The husband had the body removed within an hour of death, precluding the possibility of a post-mortem examination. For permission to report this case I am indebted to Dr. Connolly.

I am, Sirs, yours faithfully,
Brisbane Hospital. R. A. O’BRIEN, M.B., B.S. Melb.

THE DANGERS OF COMMON COLDS.

To the Editors of THE LANCET.

SIRS,—In his letter in THE LANCET of Oct. 4th, p. 957, Dr. R. Prosser White calls attention to a subject of practical importance. In my case coryza begins with a peculiar feeling of dryness in the posterior nares, sometimes in the throat. This is followed in about 24 hours by increased secretion from the nostrils, watering of the eyes, and other painful symptoms. The area of distress goes on increasing for three or four days. It occupies the whole nasal passages and may get into the frontal sinus. It creeps down the pharynx, enters the larynx, and may reach the bronchial tubes. I am inclined to think that this disease is infectious. Whether it be due to a microbe or some specific morbid process the important question comes, Can medicine do nothing to arrest the onward spread of the disease by direct applications to the spot originally affected, which we can reach by injections or by spray? I have tried injections by a glass syringe of solutions of boric acid, menthol, laudanum, and nitrate of silver. The first of these drugs seems useless; the last appeared to me to be the most efficacious in stopping the march of the disease; but it causes painful irritation of its own, which, however, soon subsides. I am hopeful that some more effectual means will yet be discovered of arresting the morbid process ere it has spread widely.

I am, Sirs, yours faithfully,
Musselburgh, Oct. 5th, 1902. WILLIAM W. IRELAND.

THE REPORT OF DR. DARRA MAIR ON “SORE-THROAT ILLNESS AT DITCHAM.”

To the Editors of THE LANCET.

SIRS,—This significant report, about which the members of the public health profession are strangely silent, has brought into prominence three important facts: (1) the extraordinary capacity for spreading disease possessed by hospital cases; (2) the fact that a scarlet fever patient on discharge from a hospital may sow broadcast both scarlet fever and diphtheria; and (3) the fact that the mischief thus wrought is generally covered up by the definition of a “return case” as a case which arises in the home within three weeks of the return thither of a hospital case. Dr. Killick Millard has called attention to the fact that not one of the cases which formed the subject of Dr. Darra Mair’s investigation occurred in the home to which the case child was sent from