

violet. 1 part. This modification often gives beautiful results. The cocci, however, decolorize easily and the tannic acid-gentian-violet may be followed by carbol-gentian-violet and then the usual procedure. Ordinary carbol-fuchsin, diluted 5 to 10 times and aqueous eosin (50 per cent. sat.) may also be used to stain the capsule, although the saturated alcoholic (60 per cent.) eosin has given the best results. Decolorization after the modified Gram procedure of tannic acid-fixed smears is more rapid than in the case of heat-fixed smears, which should be borne in mind.

By the use of this method it has been determined that the capsule of the pneumococcus and allied organisms is not difficult to preserve or readily soluble in water, as is generally believed. To stain the capsule is a problem of rendering it stainable rather than one of preservation. The reactions which render the capsule stainable appear to be colloidal reactions.

150 Michigan Avenue.

A PROBABLE CASE OF ANAPHYLAXIS

ALONZO ENGLEBERT TAYLOR, M.D.
PHILADELPHIA

In view of the present experimental investigations into the nature and occurrence of the reaction of anaphylaxis, and of the importance of the question to human serotherapy, it is important that clinical record be made of all observations bearing on the phenomenon. The following case of illness, not clearly understood at the time of its occurrence, now appears clearly to have been an instance of anaphylaxis, and is therefore reported.

The subject of the condition, a physician in San Francisco, in the winter of 1900-1 performed an autopsy on a case of bubonic plague. The body was that of a white man, and the history and location of the house in which the illness occurred led to no suspicion as to the nature of the disease. It was, in fact, the first death of a Caucasian that occurred in California from bubonic plague. No precautions were taken in the performance of the necropsy, and when on its completion the appearance of the organs and the microscopic findings of bacilli definitely determined to correspond in all morphologic features to the plague bacillus led to the diagnosis of plague, it was felt that the degree of exposure had been so great as to warrant the use of the Yersin serum. This was accordingly injected, 30 c.c. being used. Infection with plague did not occur, and in the course of time the incident was quite forgotten.

Nearly five years later the same physician was hunting deer in the mountains of California, in company with another man, the men having with them two horses. One of the horses, being green to the chase, resisted the efforts of the hunters to strap a dead buck on its back, and a lively tussle took place, during the course of which the physician had his forearms and hands badly scratched and lacerated by the metal parts of the bridle of the horse. On his return to the city a few days later, as he did not feel satisfied with the condition of the wounds, which had not been properly cleansed of the horse hairs and dirt from the horse, and which had not been treated with an antiseptic at all, these were all thoroughly cleansed, disinfected, and 20 c.c. of antitetanic serum injected as a prophylactic.

For a number of hours after the injection of the tetanus antitoxin, nothing was noted. Then suddenly the man was stricken with a universal, giant urticaria, with profound prostration. The attack lasted in its acute phases four days, the symptoms and signs being as follows:

1. *Giant Urticaria*.—This was very marked, the body being at times swollen almost past recognition. Three times the condition receded in part, only to recur with renewed violence. Following the acute attack, the skin did not reach its normal

condition for ten days. The usual symptoms of this condition were present in great intensity, itching being almost intolerable.

2. *Tachycardia*.—With a normal temperature, the pulse during the attack ranged about 130 per minute. Physical examination of the heart elicited no abnormal signs other than the excessive rate.

3. *Diarrhœa*.—A diarrhœa of choleraic violence occurred, accompanied by the passage of large exfoliations or membranous casts of the intestine. This condition lasted for three days.

4. *Neuritis*.—On the night of the third day, a sudden sharp pain was felt in the right deltoid region, the skin over which soon gave evidence of anesthesia. Palsy in the muscles supplied by the circumflex nerve rapidly developed with the regular signs of a circumflex neuritis. The muscles wasted, gave typical reactions of degeneration, which, with the cutaneous anesthesia, persisted for months. Recovery, which finally occurred, was not complete, and there exists still some functional disability in the use of the deltoid and of the muscles lying between the deltoid and the spine of the scapula. Whether the neuritis was confined to the circumflex or extended to other branches of the plexus, does not concern the present report.

5. *Prostration of the Neuromuscular System*.—This may have been due, in part at least, to the diarrhœa. Following recovery, however, the man was for a number of weeks profoundly asthenic.

The subject of this attack has never had any difficulties with asthma, nor has he ever been in the least "sensitive" to horses. The probable interpretation of the attack as an instance of anaphylaxis is based on the history of the two injections of horse serum with an interval of five years, and of the resemblance of the attack to the features of experimental anaphylaxis. It would be of great importance to determine whether now, after a further interval of five years, the individual is still "sensitized." Instructive as the results of an injection of horse serum at this date would be, the subject declines the experiment.

4522 Locust Street.

A CASE OF AIR EMBOLUS OCCURRING DURING OPERATION UNDER AIR-INFLATION URETHROSCOPY

ERNEST G. MARK, A.B., M.D.
KANSAS CITY, MO.

Some years ago I introduced to the profession my air-inflation urethroscope, and since that time I have been consistent in my advocacy of this instrument for both diagnostic and operative purposes. Within the past year, however, I have observed certain phenomena which have led me to question the wisdom of intra-urethral operations carried on under air-inflation. I have, therefore, taken advantage of this opportunity to sound a note of warning to users of this method.

Fenwick, in urethroscoping under air-inflation a stricture complicated by recent false passages, noted an emphysematous condition following, and speculated on the possibility of serious associated conditions. His description, quoted by William R. Fox,¹ is as follows:

I examined with inflation a patient who had had profuse bleeding from attempts at catheterism some few hours before applying to me for relief. I was able to find the opening of the false passage with ease. It lay just below the pin-point orifice of the strictured part of the urethra, and it appeared as a bloody-edged, ragged slit. But the patient called out almost immediately that something was running down the

1. The Urethroscope: Its Development and Its Use. Australasian Med. Gaz., Oct. 20, 1906.