

3. Injections of concentrated solutions of sugar kill by bulbar anæmia.

4. Milk injected into the venous system has no immediate action upon the pulmonary circulation, nor upon muscular contractility, nor upon the cerebral nervous centres of the nerves.

5. Sugar injected into the veins is very rapidly extracted by the urine, and provokes an intense polyuria, and an abundant intestinal flux.

6. The symptoms which follow massive injections of milk are: Vomiting, polyuria, deglutitionary movements, and later acute cries, defective respiratory innervation, contracture of the limbs, and arrest of the heart.

7. At the autopsy of animals killed by injections of milk or sugar, there is found marked intestinal congestion, and very constantly sub-endocardial ecchymoses.

8. From a therapeutic point of view the injection of milk is a useless and dangerous operation, which it is absolutely necessary to proscribe.—*Gazette des Hôpitaux*.

ESSENTIAL ASCITES. — (Professor Potain, Hospital Necker, *Jour. de Med. et Chir. Pratiques*, Oct., 1877). Ascites may show itself in certain cases without it being possible to consider it other than of essential origin. A case was presented of a woman with enlarged abdomen, which dated back a fortnight, during which time she had had considerable fever. Neither the heart nor liver were affected, while the rapid progress of the disease eliminated such causes as tubercule and cancer. In such cases, in the absence of all other causes, we are obliged to admit a primitive ascites. This sometimes follows a chilling, especially if the belly itself be exposed to cold. This is observed in drunkards who sleep off the effects of drink extended flat upon the earth. The patient in question is a laundress, consequently she is often exposed to having her abdomen wet. It is true that she has been long exposed to this influence, but it must also be admitted that often in these subjects an unknown modification of the organism may occur which lessens their resistance to continued causes. Her age and general enfeeblement, which is marked, and probably due to her mode of life, may also be

involved as causes. However this may be the prognosis in this form of ascites is much less grave than when it is symptomatic. The effusion may last a long time. At the outset it was a subacute peritonitis, which accounted for the excessive tympanites, and resulted in paresis of the intestines. This, with the febrile state, calls for local blood-letting; at a more advanced period, she should be put upon purgatives and diuretics only.—*St. Louis Globe Record*.

HYDRATE OF CHLORAL.—Dr. H. H. Kane of New York City, U. S. A., specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give the information they may possess in reference to the literature of the subject:—1. What is your usual commencing dose? 2. What is the least amount you have administered at one dose and the largest amount in twenty-four hours? 3. In what diseases have you used it (by mouth, rectum, or hypodermically), and what results? 4. Have you known it to cause eruptions produced by it? 5. Have you ever seen cutaneous eruptions produced by it? 6. Do you know any instances where death resulted from its use? If so, please give full particulars as to disease for which given, condition of pulse, pupils, respiration and temperature; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the conditions there found. 7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions or delirium? 8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's age, temperament and the present condition of the patient. Physicians are earnestly requested to answer the above questions, in order that the resulting statistics may be as full and valuable as possible. All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 366 Bleecker street, New York City.