

Death was generally instantaneous, in a few cases hæmoptysis had occurred a few days before, simulating lung trouble. Death occurred not only after exertion but at times during sleep. In 17 of these 28 cases, there had been no symptoms in life marked enough to attract the attention of the patient or to cause them to consult a physician.

The author thinks that too much emphasis has been laid on endarteritis and atheroma as a cause of aneurism. This however, seems very natural judging from former post-mortem examinations. Pathologists agree that it is in the middle or strongest coat of the artery that the first changes may be noticed and the dilatation of the vessel may be gradual or sudden as after a sudden and violent exertion. Syphilis seems to be the most active agent in producing aneurism and this, of course, accounts for the good effects of the iodides. From an examination of the cases Dr. Biggs concludes:—

1. That aortic aneurisms are more frequent than is usually supposed.

2. That rupture of aortic aneurisms and rupture of the aorta together form one of the most frequent causes of sudden death occurring without previous symptoms.

3. That very frequently indeed aortic aneurisms give no signs of their existence, or at least, very indefinite ones until rupture occurs.

4. That the comparative frequency of rupture of aortic aneurism as a cause of death has largely escaped notice, because in this country this class of cases does not often come under observation on the post-mortem table. Death occurs suddenly without previous symptoms, and, without an autopsy, is charged to heart disease or cerebral apoplexy.

5. That syphilis forms a larger and, perhaps, the largest factor in the production of aneurism of the aorta. This disease of the middle coat is perhaps often secondary to disease of the vasa vasorum.

6. That when dilatation of the aorta occurs, in the larger proportion of cases it follows disease of the middle coat, which is in the nature of a degeneration, and not an inflammation.—*Maryland Med. Jour.*

**LARGE DOSES OF CALOMEL IN PNEUMONIA AND CROUP.**—In the winter of 1885 and 1886, I was led by an editorial in *The Medical Record*, to try large doses of calomel in croupous pneumonia. The results were so good that I have continued to use it, the number of my cases being now about twenty. All were in the stage of exudation, with high or rising temperature. In age they ranged from eight to over sixty-years. In severity from cases which would have recovered under any treatment, to those that I considered desperate. In every case there was immediate improvement in temperature, respiration, and heart's action, subsidence of the

disease in twenty-four hours, and, with one exception, rapid recovery, little or no stimulating or medication being needed. The exception was under most unfavorable surroundings, but was apparently convalescing, when purpura hemorrhagica set in, and the patient died from nasal hemorrhage. My usual and smallest dose was twenty grains every three hours, in most cases continued twenty-four hours. In one case, which I believed would be fatal, the patient took an initial dose of sixty grains, and thirty grains every three hours, until she had taken three hundred and sixty grains. There was no ptialism in any case, and but moderate catharsis. One of the most remarkable features in every case was the rapid improvement in the heart's action.

I tried the same plan in three cases which I diagnosed as membranous croup. In two, the diagnosis was confirmed by expectoration of shreds of false membrane. In one of these, patches of exudation were visible. In the third, an infant of nine months, I was unable to confirm the diagnosis.

All were reported as improving in breathing before the second dose, and all made a rapid recovery. I gave to an infant eighty grains in ten-grain doses; to a boy aged six years, one hundred and sixty grains, in twenty grain doses; and to a boy of twelve years, only eighteen grains, in four doses. I never before had three consecutive recoveries from croup.

These few cases are not enough alone to prove the utility of the remedy, but at least they have convinced me that I can safely give, in similar conditions, doses that a few years ago I should have thought reckless.—Dr. Strong in *Med. Rec.*

**THE ACID PRINCIPLE OF THE GASTRIC JUICE.**—Dr. V. Poulett has conducted a series of experiments with a view to obtain a better knowledge of the gastric juice. His conclusions are given as follows, by the Paris correspondent of the *Therap. Gaz.*

1. The gastric juice of adult omnivorous animals, healthy man, for instance, contains in the first part of digestion hippuric acid alone. Near the end of digestion tartaric acid also makes its appearance. As an exception the two acids may be found, in dyspeptic subjects, present together, from the beginning of the digestive process.
2. The stomachs of all young animals before weaning, contain almost no other acid than tartaric.
3. All adult carnivora, dogs included, have free tartaric acid in their stomachs. Hence dogs should not be chosen for comparative gastric juice investigations and experiments; but pigs should be preferred, owing to the similarity of their dental and digestive system.
4. The gastric juice of man, sick or well, never was found, in the experiments tried, to contain lactic or sarcolactic acid; the