

Hunter, although naturally he could not understand their full significance. The types of infection observed at that time agree so well with those recently described, that we cannot refrain from quoting the following from his *Lectures on Surgery*:

"In these cases the body, immediately after death, becomes emphysematous; this emphysema, though it does not occur during life, would yet appear to be an effect of life, for it depends on disease as the body is dying. . . . It occurs immediately after death, or perhaps in the act of dying. . . . I have myself seen several very remarkable instances of its occurrence. The first was that of a young lady about four months gone with child, who, in March or April, about two or three in the afternoon, was suddenly taken ill with a fit, of which she shortly died. She was opened the next morning at seven o'clock, when the body was found swelled with air extravasated in the cellular membrane: the mesentery, intestines, liver and heart were loaded with air, the blood worked out of the larger vessels mixed with air, and the body had become very offensive. Another case of this kind occurred at St. George's Hospital in a man who had an encysted tumour in the upper belly of the right rectus muscle, which contained a fluid. It was opened on Friday, and on the Monday following he became ill, and died at one o'clock. He was opened seventeen hours after death, and was found emphysematous, just as in the former case. This appears to be similar to what is commonly termed sphacelus, being a species of mortification occurring before death or in the act of dying. . . . A man at St. George's Hospital had the operation for popliteal aneurism performed. . . . The case went on well till the sixth day, when ulceration took place in some part of the artery, . . . considerable bleeding took place, and recurred several times afterward . . . (and) in the end (was) the cause of death. Immediately after the first bleeding, I observed the foot and leg of the diseased side to become cold as high as the middle of the calf. . . . Before he died, (in) the upper part of the leg . . . a vesication formed, discharging a bloody serum, and they became darker, as if blood was diffused in the cellular membrane, and edematous, or rather, emphysematous."

How the soul of the enthusiastic student of hedgehogs would rejoice could it be made conversant with the satisfactory explanation of these cases which the science of bacteriology has afforded -- *Medical Notes*.

Duboisine. -E. Mendel recommends duboisine in paralysis agitans, not as a remedy, but as a great palliative. After hypodermatic injection of two or three décimigrammes of the drug, the tremor ceases for a period of three or four hours; sleep also is much improved thereby, and muscular rigidity increased. The remedy may be used safely for a long time, as there is no danger of formation of a drug habit. *Neurolog. Centralblatt*.

The Treatment of Hemoptysis.—Eklund (*Centralbl. f. die gesammte Therap.*, August, 1893, p. 503) maintains that nothing is more dangerous in case of hemoptysis than the common practice of administering cold drinks or bits of ice. The cold causes increase in the bleeding: by irritation of the vagus, cough is induced; and by contraction of the gastric vessels the flow of blood to the lungs is increased. Eklund, therefore, advises the administration of warm and mucilaginous drinks and the application of an ice-bag over the apex of the lung from which the hemorrhage is believed to have taken place. Besides, he directs the taking, three or four times a day, of three grains of quinine sulphate and a grain and a half of ergotin in pill form. *Medical Notes*.

Bismuth in Large Doses for Chronic Gastric Catarrh. - Pick (*Berliner klinische Wochenschrift*, 1893, No. 31, p. 761) maintains that, in order to be effective in the treatment of chronic gastric catarrh, bismuth should be administered in maximum doses. His own mode of procedure, which he reports to have practised successfully in a large number of cases, is to give a small quantity of saline in about eight ounces of warm water before breakfast, and half an hour later, from three to four drachms of bismuth subnitrate in two equal parts in cachets. Massage of the epigastrium is then practised for a short time, and in half an hour the patient is permitted to breakfast. Ordinary care is to be exercised with