This is to be given every hour, every half-ho u or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where the stomach refuses ergot, or where ergot produces no effect, I usually resort to this combination.—*Med. Brief.*

DEATHS DURING THE ADMINISTRATION OF ANÆSTHETICS.

In a paper entitled " Remarks on the Death-rate of Anæsthesia, with an account of six fatal cases," Mr. W. Roger Williams, F.R.C.S., remarks, in conclusion, " I have observed that those who administer anæsthetics too often do so without any fixed principles to guide them. This is regretable, because, as many of these cases show, the fundamental laws of the anæsthetic art cannot be disregarded without entailing a deplorable sacrifice of life. I will here endeavor to state, in the briefest manner possible, the most important practical inferences from them. With regard to chloroform, then, subject to the attainment of the object in view too much air cannot be given during its administration; and, with regard to ether, too little air cannot be given during its administration. From this, it follows that a long time is required to induce anæsthesia by chloroform; but to produce the same result with ether, a short time is sufficient. Now by a long time, I mean about a quarter of an hour, and by a short time, about five minutes. Surgeons are not unfrequently to blame in this respect. How often one has heard it said to the chloroformist—' be as quick as you can, I want to commence the operation in five minutes.' In my opinion, this is equivalent to saying—' Kill at least 1 per cent. of my patients.' Those kind of inhalers are the best which most facilitate the fulfilment of these requirements. For giving chloroform, one with a wire framework, having a diaphragm of flan nel, or some similar material stretched over the top of it, on which to evaporate the anæsthetic, but open at the sides, would be very good; but a piece of lint, or the corner of a towel, properly used, would do as well. A graduated drop bottle is necessary in any case, as only a small quantity of chloroform should be poured on at a time, which requires to be frequently renewed. For the administration of ether, Ormsby's inhaler seems to me to be the best; it was designed to fulfil the requirements just mentioned, and I have found it answer admirably. There is only one other point I will now mention, and that is the importance of watching the respirations during the process. To do so properly, of course the epigastrium must be uncovered. It is of much greater value than feeling the pulse, since, when the latter stops, there is, as a rule, an end of the patient. Mr. Lister has very ably insisted on this. However, I have found it generally neglected at King's College.—*British Medical Journal.*

BRUNELLI PROCESS OF EMBALMING.

The process of embalming is as follows, and is called the " Brunelli process:" 1. The circulatory system is cleansed by washing with cold water til it issues quite clear from the body. This may occupy from two to five hours. 2. Alcohol is injected, so as to abstract as much water as possible. This occupies about a quarter of an hour. 3. Ether is then injected to abstract the fatty matter. This occupies from two to ten hours. 4. A strong solution of tannin is then injected. This occupies for imbibition two to ten hours. 5. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy two to five hours. The body is then perfectly preserved, and resists decay. The Italians exhibit specimens which are as hard as stone, retain the shape perfectly, and are equal to the best wax models. It will be observed in this process that those substances most prone to decay are removed, and the remaining portions are converted by the tannin into a substance resembling leather.

A NEW TREATMENT OF DYSENTERY.

Dr. F. Rawle recommends the following treatment in the *Brit. Med. Jour.*, January 27, 1883:

First, having placed the patient between warm blankets, I proceed to inject a pint and a half of warm water, at a temperature of 90° Fahr. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, I then proceed to administer a small injection of two ounces, by measure, with a gum-elastic bottle. The form I administer is the following:

℞.	Quiniæ disulphat.,	gr. x.
	Tinct. camphoræ comp.,	ʒ iv.
	Decoctum amyli ad	℥ ij.

M., and when about milk-warm, inject.

It is generally retained, but if ejected, it may be repeated after an hour or two. This I have found of great service, and very grateful to the patient. I do not stop to inquire how it acts, but the effect is like magic. If griping pains be felt over the region of the epigastrium, I administer half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water, *ad libitum.* Ipecacuanha I have found of little service, and have discarded it from my treatment. If any of my medical brethren will try these measures, he will not often be disappointed. I have used with advantage warm turpentine stupes on warm fiannels, over the hypogastrium.