is not altogether cut off, the decomposition products of the part find their way into the circulation. The influence of imperfect blood-supply is seen in those cases of acute or sub-acute intoxication which occur in certain examples of pernicious anæmia.

The effects of these dyscrasiæ are mostly manifested by alterations in the functions of the nervous system—pains in the head, apathy, drowsiness, passing into coma, or restlessness and delirium, convulsions, vertigo, tinnitus, nausea, and vomiting. Kussmaul was the first to describe under the name "Diabetic Coma" a peculiar mode of termination of diabetes, which he attributed to "a chemical decomposition of the blood," an "intoxication" which depended upon "chemical destruction of the economy in diabetes."

From the acetone-like odour of the breath. it seemed as if acetone was the toxic agent; but he pointed out how the cases differed from the acetonæmia described by Kaulich and Petters; and in experiments on animals he failed to produce, by acetone poisoning, symptoms very similar to those he had observed. Frerichs came to the same conclusion, and had no better results with ethyl diacetic acid; and hitherto all attempts have failed to determine the exact substances to which this intoxication is due. But Kussmaul's statements were amply confirmed, as such cases are by no means rare, especially in young subjects. It has been wrongly supposed that Kussmaul's description applies only to diabetes, and is always associated with urine giving a red reaction with ferric chloride. Both these positions are untenable, as the condition may be seen in other diseases than diabetes and apart from that reaction of the urine. Moreover, coma is not the most characteristic feature of Kussmaul's group of symptoms. It is the striking dyspna with free respiratory movements and unobstructed air-passages, and generally hurried respiration. Next to this, the most characteristic thing is the rapid pulse; then the excitement with groaning or sighing, jactitation, severe pains, and lastly coma. The temperature of the body is not notably increased, and in some cases has been below normal. No case of terminal coma, in which the peculiar breathing is not present, can be said to belong to this class.-R. Saundby, M.D., in Lon. Med. Record.

THE GERM THEORY OF DISEASE. -- Dr. Henry F. Formad, gives in the Medical Bulletin, for March, an interesting review of the history of this theory. He gives also the present status of this theory as it applies to individual affections. Although from time immemorial it was believed that the body was infested with living organisms, which when increased beyond certain limits caused disease, the belief was first formulated into a scientific theory through the discovery by Schwann of the part played by living germs in the causation of fermentation and putrefaction. The discovery of the fungus causing disease in the silk-worm, by Bassis, and that giving rise to favus, by Schonlein, added to the strength of this theory. The experiments of Pasteur and F. Cohn placed the causative relation between fungi and putrefaction and fermentation, beyond the sphere of doubt. The first substantial support of the germ theory of disease, was, however, afforded by the discovery by Pollender, in 1849, of certain rodlets in the blood of animals suffering from splenic fever, variously known as anthrax, charbon, milz-brand and malignant pustule. These bacilli were subsequently isolated and developed in proper fluid, and were found to be capable of causing the disease in other animals. In 1873 Obermeyer discovered the spirillum of relapsing fever and Carter and others successfully inoculated monkeys with this disease. The greatest discovery in this connection, or at least that which has the greatest interest from its bearing on the human being, was that announced by Koch in March, 1882, viz., the bacillus tuberculosis :

He claimed that the tubercle bacilli are always present in tubercles, and often in the sputum of tuberculous subjects; that they can be isolated and cultivated, and that animals inoculated with them will be rendered tuberculous. Bacilli are also found in scrofulous lesions, lupus, in fæces of subjects suffering from tubercular enteritis, in secretion from laryngeal and pharyngeal ulcers, pearl disease, etc. There is strong evidence in favour of regarding Koch's bacillus as the cause of tuberculosis, and it is even accepted by some authorities as a settled fact; but so far Koch's observations stand alone, and cannot be accepted until confirmed by reliable, unbiased investigations of others. Therefore the question must still be considered sub judice.