

ed in more water, accidentally hotter than the first supply. The pelvis being full, the water reached the upper part of the abdominal cavity. It was at this moment respiration ceased. M. Polaillon believed that the stimulus of the hot water touching the diaphragm or the solar plexus caused, by reflex action, the arrest of respiration and syncope. He likened the accident to the effects of a contusion in the epigastric region. This arrest of respiration was liable, as in this case, to remain permanent in a subject under chloroform, which already weakened the respiratory influence of the medulla. He advocated the placing of the lower part of the patient in a lower position than the upper, so as to prevent the water used in flushing from running towards the diaphragm. M. Polaillon also maintained that the water should never be over 99°. Some authorities may think that the presence of carbolic acid increases the danger of flushing. M. Polaillon's case decidedly deserves the serious consideration of all operators, now that the practice of flushing is becoming more and more general.—*British Medical Journal*.

### ABSOLUTE SIGN OF DEATH.

The debate which took place at the Medical Society of London on Dr. B. W. Richardson's paper on the absolute signs of death reopened discussion of a subject which never seems to weary either the medical or the public attention. There is something so appalling, even to the strongest mind and the bravest heart, in the idea of being buried alive, that so long as such a thing is possible there will be a continuous debate on the topic in all circles of the educated community. Dr. Richardson's essay differed from what has usually been said on the matter in the fact that it enumerated from a long experience the circumstances under which the practitioner may be called to determine whether or not life is extinct, as well as described the immediate tests that ought to be brought into play in order to prove that death is absolute. No less than ten distinct circumstances were assigned as being advanced by relative, or deceased persons on the question of suspended life, to which

was added the expressed wish or direction of a person during his or her own life that a skilled examination should be carried out after assumed death, in order to prevent the possibility of interment while yet a spark of life should remain. With most of these circumstances calling for inquiry the profession is more or less familiar, but two were specified that are not generally recognized—namely, simulated death from narcotism caused by chloral, and the same simulation from what the author designated traumatic catalepsy, and the cataleptic insensibility from the shock of an electric discharge, or from lightning stroke, or from concussion. Two cases were cited illustrative of these conditions, both of which might be rendered in the text-books as new additions to the list of doubtful evidences of actual dissolution. Of the many tests or proofs of death enumerated by the author, there are also two that should be recorded not only as new, but as being exceedingly simple and at the same time strictly physiological in character. The first of these, which has originated with the reader of the paper, and which Sir William MacCormac, the President, commented on so favorably, is the wrist test, or that of putting a splint on the fore part of the wrist so as not to impede any current of blood which may be making its way through the radial and ulnar arteries, and then tying a fillet firmly round the wrist so as to compress the veins firmly on the back of the wrist. If the veins of the hand, under this test, show no sign of filling, the absence of any vital circulation may be declared certain; while, if they fill, the fact of a certain "low pressure" circulation may be assumed to be present, and therewith an indication of mere suspended life. The second test, new probably to most readers, is that to which the name of Montiverdi was attached as its discoverer, and which is called the ammonia hypodermic test. In using this test the operator injects one hypodermic syringe of strong solution of ammonia under the skin of the arm or some other convenient portion of the body. If the body be not dead, if there be the faintest circulation, the ammonia will produce on the skin, over the point where it was injected, a bright-red patch, on the surface