

alarming symptoms till about an hour before he died, on the 20th January, when he complained of excruciating pain in the abdomen.

On inspection after death, the small intestines were found so knotted together that they could not be traced: the large intestine was much shortened, and not a vestige of the sigmoid flexure existed. The rectum was much increased in capacity.—*Ibid.*

11. *Enormous Dilatation of the Stomach.*—A remarkable example of this has been communicated to the Medical Society of Toulouse by M. SERAIN. It occurred in a man thirty-six years of age, a great eater, and who selected for his food the most indigestible and substantial articles, and drank the strongest liquors. He had been affected for eight or nine years with copious and frequent vomitings, and was greatly emaciated. He died of influenza. On examination after death, the stomach was found enormously distended, and occupying the whole abdomen; its form natural. The diameter of its greater curvature was three feet two inches. It contained ten pounds of sanguineous fluid, and its parietes were three lines thick.—*Journ. de Med. et de Chirurg. Prat.* August, 1838.

12. *Researches relative to the causes of sudden death.*—The opinion is still entertained by most physicians that apoplexy is the most frequent cause of sudden death. M. ALPHONSE DEVERGIE, who has the medical direction of la Morgue, the place where the bodies of unknown persons who die suddenly in the streets of Paris are carried, has endeavoured to ascertain how far this opinion is founded in truth, and has found that sudden death from an affection of the brain is rare. Of forty cases which he has examined, he has found four only in which death resulted solely from an affection of the brain; three in which there was congestion of the brain and spinal marrow; and twelve in which the lungs and brain were simultaneously affected. Sudden death from affection of the lungs alone is the most common. M. D. met with twelve cases of this out of the forty; and if to these we add the twelve examples of sudden death in which the brain and lungs were both affected, we shall have twenty-four cases out of forty in which the lungs were affected in cases of sudden death. Death from affection of the heart is the most rare. M. D. met with it but three times.

It results from these researches that sudden deaths are occasioned, arranged according to the order of their frequency, 1, from an affection of the lungs; 2, of the lungs and brain; 3, of the brain and spinal marrow; 4, from hemorrhage; 5, from an affection of the heart. It is consequently an error to regard apoplexy, that is, circumscribed cerebral hemorrhage, as the most common cause of sudden deaths; since of forty cases, M. D. has observed an apoplectic collection of blood but once. Sanguineous congestions of the meninges should not be ranked among cerebral hemorrhages. M. D. has further ascertained that sudden deaths are much more frequent in winter, and more common in men than women. Among the forty deaths noted, but five were of females; and finally, that sudden deaths occur principally in persons from 40 to 50, and from 60 to 70 years of age. *Bulletin Gén. de Therapeutique*, August, 1838.

13. *Purulent Discharges from the Bladder and Rectum in Hepatic Diseases, &c.* The July No. (1837,) of the *Quarterly Journal of the Calcutta Medical and Physical Society*, contains an interesting memoir on this subject, by J. MOUAT, Esq. The author remarks that purulent deposits have been known from very remote antiquity; instances having been mentioned by Galen, Scultetus, Paré, Belloste, Quesnay, Butnar, and others, in which the sudden disappearance of abscess has been followed by evacuations of pus from the bladder and rectum. Purulent depositions from these organs have always been attributed to the direct opening of the abscess either into the intestines, gall-bladder, ureters, &c.; but Dr. Mouat's observations have induced him to believe, that in many cases, no such communication has occurred, these discharges being depositions or excretions in the fecal or urinary passage. He proposed to illustrate this by cases bearing upon the point in question. That this occurrence in hepatic abscess should not have been recorded, is no reason why it should not exist; indeed in the present