Bowels regular. Urine free. No paralysis. Skin hot and dry. Pulse sixty-four and full. No delirium, but an indisposition to talk. He answers questions rationally, but in a listless way. On the morning of Nov. 22d, he was still rational, but is not roused so easily. Cephalalgia less, and localized under the left parietal protuberance. No pain or tenderness of the spine. Has had no convulsions since the commencement of his illness. And no vomiting. Eats little. Has had passages from the bowels and bladder. Abdomen retracted. Liver normal. Lungs and heart normal. Intolerance of light less marked. Is very drowsy. Pulse slow and full. Skin moist. In the evening he was much the same. Nov. 23. Is hemiplegic on the right side. Still conscious, but is roused with difficulty. Answers to questions rationally. Temp. 101°. Pulse 60. Is tied down in bed, as he is restless and in continual motion. No complaints from him. Still answers questions rationally. Perspiring profusely. Pupils still equal in size, and respond to light readily; still some intolerance of light. At one o'clock, A.M., of Nov. 24th, he was seen, and found in a state of coma. His left pupil was dilated, snd the right strongly contracted. Pulse 90, and feeble. Stertorous respiration. At 5 A.M. he died. No convulsions from first to last. At the autopsy, the internal organs were found healthy, excepting the brain. A large abscess was found in the middle lobe of the left hemisphere, which was torn open on removal. It contained about two ounces and a half of pus. The pia mater was intensely congested. There was caries of the petrous portion of the temporal bone around the internal ear.

STONE IN THE BLADDER, UNRECOGNIZED FOR THREE YEARS.

Dr. C. C. Lee exhibited a specimen of stone, on behalf of Dr. A. N. Dougherty, of Newark, who furnished the following history:

Mr. J. C., a man aged 79, had been suffering with vesical symptoms for the last three years. As he was thought to be near death, and was not regularly under the care of any physician, I was called in—mainly for the purpose of supplying the necessary death certificate. He was extremely emaciated, and so exhausted that he could scarcely speak. At different times the urine had been bloody, and now dribbled constantly from the patient; he had frequent paroxysms of pain, and constant discomfort, which was referred to the neck of the bladder.

His chief medical treatment had been at the hands of a homœopath, and no sound had ever been passed. I at once introduced a catheter as far as the neck of the bladder, but its further progress was arrested by a large stone, which was distinctly felt. The patient died in forty-eight hours, and at the post mortem examination the accompanying specimen was removed; a phosphatic stone, weighing six ounces, one drachm, and completely filling the bladder, which contained nothing else except a little pus and mucus. No further post-mortem examination was permitted, and even the kidneys were not removed. The patient entertained peculiar religious views, thinking himself perfect, the special child of God, &c., and was disinclined to employ medical aid, as postponing his death, which he looked forward to with pleasure and anxiety. This state of mind doubtless abated his pain.

The case is interesting from the non-recognition of so evident a foreign body in the bladder; and it shows how possible it is to overlook the most obvious indications of disease, and misled by a plausible hypothesis, to adopt erroneous conclusions.

Probably the attendants here said: "This is an old man; old men often have prostatic enlargement; prostatic hypertrophy is accompanied by the symptoms here presented; this is no doubt such a case, and, being such, nothing remains to be done."

A correct diagnosis, made at the early stage of the disease, would have enabled the medical attendant, by either lithotrity or lithotomy, to relieve the sufferer, and give him, perhaps, ten more years of comfortable life.

The stone weighed six ounces and one drachm, was phosphatic, with a uric acid nucleus. In connection with this case he exhibited a plaster cast of a stone weighing thirteen ounces, removed from the bladder of a patient, presented some months ago to the Society in which it will be remembered, the presence of the foreign body was not recognized until the autopsy. That stone was the largest he could find on record.

Dr. Cutter exhibitted a uric acid calculus the size of a pigeons egg, which he had successfully removed from the bladder of a gentleman twenty-eight years of age, by Allarton's method. There had been no dribbling of urine after the operation, the patient being able to hold his water for twelve hours. After the sixth urination all passed through the urethra.—*Medical Record.*

Indigenous Remedies of the Southern States which May be Employed as Substitutes for Sulphate of Quinine in the Treatment of Malarial Fever.

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No. 23.—*Cotton Plant.*—(*Gossypium.*)

The numerous varieties of the cotton plant in the Southern States have been referred to two species, viz.: the short staple, upland or green seed (G. Herbacium), and the long staple, black seed or Sea Island (G. Barbadense).

The former variety is said to be a native of India, Africa, and Syria, and the latter of Barbadoes. The ancient Mexicans are said to have cultivated cotton at the time of the Mexican conquest; and the relation of the genuine Mexican variety to the plant, as it is found in India and China, would be of interest not only to the botanist, but also to the archæologist, seeking the origin of the Mexican and Peruvian nations, with their peculiar forms of civilization.

It has been claimed, by a number of practitioners of medicine in the Southern States, that the root of gossypium (*cotton plant*) possesses the power of stimulating the uterus, so as to cause abortion in a pregnant female, or the return of the menses in cases of amenorrhœa. It has also been said to