

as we give them fair play. He proceeded always in a chronic case to determine what would be fair play for the organism suffering. Hence, diet, air, attention to the general functions, form always the first points of treatment in such a case. While the profession are ready enough to give a liberal supply of medicines, we too often overlook those minor details of daily life which, in the end, make and unmake life. Of tubercular phthisis he had very little to say. The principal thing to do is to look after the general health. The tendency to resistance being lowered permits the advance of the disease with which the patient is threatened. If he could keep him free from colds and consequently from pneumonias, he was practically doing as much for his patient as he could. There are no principles in medicine: it is in fact one of the most unprincipled of arts. Every organism is somehow or other different from every other, and it contains within itself the laws for its own management. The wise man, he who has the gift as well as the knowledge of healing, is he who with an instinct is ready to discover the laws of the organism with which he is dealing, and governs himself accordingly. It would be foolish to say in detail how he should deal with a case of tubercular phthisis. Regulated diet, moderate use of alcohol, air, exercise, avoiding colds are the principal means to be used. He had tried this medicine and the other, hypophosphites, arsenic, iron, cod liver oil, &c., but he could not say, looking at the whole with an honest, critical eye, he could lay his finger on any remedy which has any specific influence. As regarded caseous pneumonic phthisis, he believed in the efficacy of treatment. In an acute case, he had great faith in treatment. He puts his patient to bed and keeps him there until his temperature falls below 100°, no matter how long that might be. In cases where the secretions are scanty, the tongue dry, temperature high, pulse quick, he satisfied himself with a free use of salines and with counter irritation. If he found the patient remaining feverish, he gave up citrate of potash, and put a drachm of antimonial wine into a tumblerfull of water, and made him sup that during twenty-four hours. The skin breaks out into perspiration, tongue becomes moist, expectoration usually begins: then he immediately stops and treats his patient with effervescent alkaline salines with quinine and citric acid. He next feeds him with milk and beef tea. We often forget, practically, that liquid food goes quickly to the lung. In cases where exudation is going on in the lung, we minister to it by filling our patients with fluid food at short intervals. In rapidly extending pneumonia, he had seen exudation hurried to a fatal end by the administration of fluids every half hour. Food should be given in a more solid form, and not oftener than every four hours. This is one of the forms in which he believed alcohol to be extremely useful. In cell pro-

liferation, alcohol is useful, and he would extend it to scrofulous diseases generally. In regard to change of air, he first found out whether the most comfort was experienced in the valley or on high land, and would be guided accordingly. Hence what suited one person would be death to another. He deprecated the sending of patients away from home comforts when the disease was far advanced. Maderia and the South of France were the favorite and fashionable health resorts of English consumptives, but he knew of some remarkable instances where the murky atmosphere of London gave the greatest comfort to phthisical patients. He thought highly of our Colorado Canons and Florida, and regretted that they were not more easy of access to European phthisics.—*Med. Record.*—*Canada Med. Record.*

SUICIDE NOT AN EVIDENCE OF INSANITY.

Hon. O. H. Palmer (in the *American Journal of Insanity* for April, 1848), discusses this topic. He says that the diversity of manifestation is immense, unmeasurable and unascertainable. But this does not prove insanity, or derangement of the normal condition of the intellect. Sanity is the normal condition of the mind in all its diversities and variety of character. This is law as well as logic. Notwithstanding this principle is so well established, but few outside of the literature of the courts are found to believe it.

This phase of life and its antagonist, death, is so well understood by life insurance companies, that they try to protect themselves by clauses in their policies exempting the companies from liability in case of suicide of the holder of a policy, and yet how often do the companies fail to protect themselves, because an average jury cannot be made to believe that a man who commits suicide is not insane.

The rulings of the courts plainly establish the doctrine that there is no presumption of law, *prima facie* or otherwise, that self-destruction arises from insanity. To overcome and successfully combat this doctrine in a court, it will be necessary to prove the exception to the general rule.

Now, a feeling of disgust with life may be great enough to cause a man to commit suicide. Where, then, is the insanity? A man, rather than live under the stain of dishonor, may nerve himself to take his own life. Where is the insanity, as a necessity?

From the earliest times men have taken their own lives from one motive or another, and no one who shall read the historical accounts of those men's lives and deaths will for one moment doubt their sanity. The Japanese take themselves off to revenge an insult, because they think they can imme-