

treatment or gastro-intestinal treatment. Remember her bowels are inactive, and she has a little acid dyspepsia frequently; a mercurial laxative or a pill containing calomel and ipecac or aloes and podyphyllin, or silver nitrate with hyoscyamus, may give happy results.

Next we have a man with partial loss of power in his right arm. Do not attempt to jump at conclusions in such a case; begin with general ideas and terms. In the first place it is a paresis; a loss of power. It is monoplegic paresis, because one limb is alone affected. The man feels well, he can say "a" distinctly; but has a rather slow response to pin pricks over the affected area. In getting him to squeeze my hands I find that the grip is about the same in both hands. Now that we have reached monoplegia, let us think what forms of this paresis we have; there are two natural divisions, organic and functional. A better term for functional is hysterical monoplegia. The man looks and acts anything but hysterical. So we can eliminate this division. Now do not attempt to sort over the various forms of organic monopolies in a vain, unscientific effort to find one that fits your case, but go at the matter with intelligence and precision. There are two forms of organic monoplegia, central and peripheral. The central are in the brain; where Almost always in the motor cortex; because in the cortex the nerve fibres are spread out more than in the deeper portions, and a lesion has less chance to affect great groups of muscles than in the deep brain where the fibres are in close contact. The peripheral monoplegias are either in the cord, the nerve trunks or in the muscles. We distinguish these lesions as follows: if the change is in the cord there is a change in the electrical re-action, due to the fact that the trophic centres are involved. In the brain, there is a certain loss of power with little or no wasting, as we find here. The lesion in the nerve expresses itself by tenderness over its course, while the wasting is greatest if the lesion is in the cord, as the trophic centres of the nerves are the last to succumb. There is a class of organic monoplegias, in which there is a partial loss of power dependent on exclusive use, the so-called "business neuroses," such is the scrivener's palsy. These are readily distinguished by the simple fact that it is only in certain actions that power is lost; for example, inability to write when a knife or axe

can be used with perfect facility. We will let you consider for yourselves under what form our present patient falls.

To the Editor of the CANADA LANCET.

SIR,—I have read with much interest the letter of Dr. W. T. Harris, in this month's LANCET, and heartily concur with him in his remarks regarding Medical Education. It is time the Profession took active means to oppose the continuance of the injustice at present being done by the Ontario Government to the independent medical colleges, to those outside the medical department of the Provincial University. Further remarks are unnecessary, the wrong being so palpable. I merely desire to be one more to record my protest.

Yours, etc.,

WM. GEDDES STARK.

Hamilton, Ont., Feb., 1890.

Selected Articles.

REPORT OF THE SECOND HYDERABAD CHLOROFORM COMMISSION.

(Concluded from March No.)

(34) On another occasion, during Experiment 117, the animal was very nearly killed by a comparatively short inhalation of chloroform, owing to the electrodes becoming accidentally short-circuited and failing to keep up the irritation of the vagus. Something similar occurred in Experiment 117, the effect of the irritation of the vagus passing off while the chloroform was still being pushed, and thus putting the animal into a condition of extreme and unexpected jeopardy. Nothing could be more striking than these near approaches to accidental death from failure to irritate the vagus efficiently.

(35) Other Experiments were made to test the truth of the statement that chloroform increases the action of electrical stimuli applied to the vagus, and showed conclusively that it has no such effect. In one instance only the inhibition seemed to be intensified as the chloroform was commenced, and diminished when it was discontinued; but apart from the fact that the supposed effect ceased much too suddenly, a repetition of the experiment on the same and other animals showed that there was in reality no such effect. The increased inhibition in this instance was due to the chloroformist compelling the attendant who was holding the electrodes to change his position, and thus making him unconsciously apply them more efficiently.