

I, therefore, in a few cases give the first injection very much diluted—one in twenty, afterwards using one in fifteen. It is necessary to see that the sulphurous acid is fresh and good before it is diluted to the required strength.—*W. D. Wilson, M.B., in London Lancet.*

ANTISEPTIC TREATMENT OF ABSCESS.

Dr. Lucas Championnière recommends in the *Union Médicale*, the following procedure:—

Before opening an abscess, in whatever region it may be placed, we should carefully wash the skin, especially if it has been covered by a poultice, with a strong carbolic acid solution:—

℞. Acidi carbolic	50 parts
Glycerini,	75 “
Aquæ,	1000 “ M.

The bistoury should also be dipped in the solution. The contents of the abscess are to be discharged, and some of the above solution injected, care being taken that the injected liquid has a free issue. The end of a caoutchouc tube is introduced into the wound, having a thread attached to it to facilitate its removal, and it is then covered by a thick layer of charpie impregnated with a solution of carbolic acid twenty-five parts, glycerine twenty-five parts, and water one thousand parts. Finally, over all is laid a layer of gummed silk. At the end of twenty-four hours the tube is removed in order that it may be cleansed and shortened, when it is again covered with the charpie moistened with the weaker solution. Under this treatment the amount of suppuration is diminished, the redness of the wound becomes insignificant, and the cicatrices which result are much less apparent. Dr. Lucas recommends this procedure especially in abscess of the breast.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITORS:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON, M.D., M.R.C.P.I.

SUBSCRIPTION TWO DOLLARS PER ANNUM.

All communications and Exchanges must be addressed to the Editors, Drawer 356, Post Office, Montreal.

MONTREAL, AUGUST, 1882.

DR. BUCKNILL ON GUTEAU.

In the July number of *Brain*, Dr. Charles Bucknill gives a lengthy review of the Guiteau case, affirming the sanity and responsibility of the

assassin, and criticising severely the opinions of Drs. Hammond, Folsom, Channing, &c. A few extracts may be of interest:—“Dr. Hammond argued that there is no necessary connection between medical insanity and legal insanity: if by this he means that medical insanity includes far more than legal insanity, I entirely agree with him, for, strictly speaking, every deviation from the standard of mental health produced by disease is a state of medical insanity. That is to say, it is a symptom of disease which the physician may be called upon to give advice about, or to treat by appropriate remedies, but which might afford no justification for any legal proceedings whatsoever. It may be right or wrong for the lawyers to draw the line through the field of insanity where they have drawn it, and to grant that all on one side thereof shall exonerate a man from responsibility, while on the other side thereof a man shall be liable to punishment. But it would seem that for the practical purposes of the rough justice with which mankind must be satisfied, it is necessary a line must be drawn somewhere, for it is impossible to exonerate from punishment all criminals who deviate from the normal conditions of sane and reasonable men. Indeed if morality is natural we must admit that no such criminals can exist, since, as a matter of fact, we can find no criminals who are not mentally in disaccord with existing circumstances. That the rules of law should be so elastic and fluctuating as to adapt themselves to all anomalies of character, is impossible, while man's knowledge is so dim and his powers so imperfect that he cannot inflict the same punishment for the same offences upon apparently healthy criminals without the grossest inequality of suffering. It follows from these considerations that all the discussion which has raged with regard to the punishment of insane offenders has had its origin in the persistent attempt to review and amend legal rules according to medical principles, or, as I have long ago pointed out, from the fallacy of regarding something definite, that is to say legal insanity, as if it were insanity in general, which is the old fallacy of changing the *argumentum de dicto secundum quid, ad dictum simpliciter.*”

Dr. Bucknill then discusses the question of Guiteau's medical sanity or insanity, and points out how the advocates of the insanity theory contradict themselves and one another. He finds in Guiteau neither mania, insane delusion, moral