

different kinds of functions, and that especial benefit is to be derived from its tonic or exciting influence over the nerves of nutrition; and I would remark, that wherever strychnine does good, nux vomica does better. Taking this view of its physiological action, I have tried it with satisfaction in dyspepsia dependent on defective innervation, strumous ophthalmia, &c., but my observations have not been continued long enough to make them of value to the profession. I have been induced to put my observations before my brethren, in the hope of inducing some to prosecute enquiries in the same direction, for I am sanguine enough to believe that we have here a most valuable remedy in a host of chronic diseases. In making the observations, it is most necessary to avoid that stumbling-block to all therapeutic enquiries *polypharmacy*. *Fas est et hoste doceri*. I came first to use nux vomica in this way. More than twenty years ago, Dr. Fisher, of Montreal, was eulogizing homœopathy to me, and instanced a case of inveterate styte that he had treated rapidly, successfully, and permanently by infinitesimal doses of nux vomica. When Miss M., case No. 1, presented herself, I said to myself, here is a case that has baffled some of the most eminent practitioners of New York and elsewhere for years, what can I do? While pondering on the subject, my conversation with Dr. Fisher, so many years before, flashed across my mind, and I instantly resolved to try it, as detailed. The success astonished me, and led me into a train of experiments (as I trust it will others) that promises great results for therapeutics. A word more and I have done. As a general rule, alterative medicines should not be given in large doses, but well diluted.

Cases of Paraplegia, from the Prize Essay, session 1863-4, McGill University. By W. WOOD SQUIRE, A.M., M.D.

TRAUMATIC PARAPLEGIA.

James Clancey, ætat. 24, a laborer, was working in a new building, as a hod carrier, on Nov. 27th, 1863, when the beam on which he was standing gave way, and he was precipitated from the third story to the cellar, hitting the ground in a sitting posture, and with his back thrown roughly against the side wall. He did not become unconscious. After he had been placed on an *ex-tempore* litter by his fellow-laborers, he was able to turn on his left side, raising the right leg over the left. Dr. F. W. Campbell was speedily in attendance, and I am indebted to his courtesy for an introduction to the case, while under his care.

When I saw the patient for the first time, about a week after the acci-