

strong ligature was then cast around the whole. The cavity was sponged with a solution of carbolic acid and oil, and stuffed with strips of lint soaked in the same.

The wound progressed very favourably from the first, healing nicely by granulation under the influence of daily injections of carbolic acid and oil and a solution of permanganate of potash, which latter was occasionally used.

By the 12th August he was nearly well, much improved in feeling since the removal of this cumbrous weight. The hemp ligature round the neck of the sac still remains. 5th Oct., the ligature came away. The wound is entirely healed, except along the tract of the latter, and the hernia is radically cured.

The specimen, which has been carefully put up by Dr. Ross, House Surgeon Montreal General Hospital, is now in the museum of McGill University; it presents above, the smooth hollow platform which formed the floor of the hernial sac; and below, the tunica vaginalis, thickened in some parts to the extent of more than three quarters of an inch. The cavity of the tunica is small, and at its posterior part is seen the small shrunken testicle, the tubules of which are all completely disorganized.

877 St. Catherine St., Phillips' Square, November, 1868.

*An Essay on the Contagion, Infection, Portability, and Communicability of the Asiatic Cholera in its relations to Quarantine; with a brief History of its Origin and Course in Canada, from 1832.*

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(Continued from our last.)

I think enough has already been said to justify the assumption of a contagious property to Asiatic Cholera; but before leaving the subject, I will adduce two general facts which strongly support this opinion. The first is connected with the local progress of the disease, as when it begins in a camp or a town. There, its first appearance is announced in the attack of one or of a few individuals, and the number of the cases gradually increases. This course cholera has universally pursued. Now,