

below, another hole is made, and the ends of the string passed through it in opposite directions. This is repeated till the base of the tent is reached. The string is thus laced through and through the tent from within half an inch of the point. The first strain of the pull is always upon the base, because of friction, so that there is no bulging of the tent above the constricted point, although the string has a hold upon the whole length of the tent.

I have had tents made by Messrs. Krohne & Sesemann, with this arrangement of the string. It does not practically interfere with expansion.

The suggestions which I have ventured to make in this paper are simple, even to triviality. But, to the best of my belief, they are not to be found in any of the ordinary text books. And I think they will be found practically useful.—*Obstet. Journal.*

DOUBLE DISTAL LIGATURE (OF RIGHT CAROTID AND SUBCLAVIAN) IN AORTIC ANEURISM.—At the Royal Medical and Chirurgical Society, on the 27th of May last, Mr. Richard Barwell recorded a case of successful deligation of the right carotid and subclavian arteries, for aortic aneurism. This case is interesting, as being the first in which these vessels have been intentionally occluded on account of aortic aneurism, and also on account of the fact that the ligatures used in the operation were made from the middle coat of the aorta of the ox, as recently suggested by Mr. Barwell himself. Mr. Barwell has previously recorded double ligature of these vessels in four cases of *innominate* aneurism, three of which proved successful.

FOR CHRONIC PHARYNGITIS.—

R. Carbolic Acid.....	3iii.
Iodine.....	3vi.
Iodide of Potassium.....	3vj.
Glycerine.....	3iii.

Apply several times daily.

TO REMOVE NITRATE OF SILVER STAINS.—Apply iodine and rub briskly with strong liquor ammoniæ.

Original Communications.

DIABETES.

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Since Bernard's brilliant discovery, that mechanical injury of the floor of the fourth ventricle was followed by glycosuria, the influence of the nervous system in the causation of this disease has been fairly recognized. Numerous facts further point to the vaso-motor system of nerves as specially implicated in the morbid change, on which the disease, at least in part, depends. Thus, there appears conclusive evidence that arterial dilatation is among the constant, if not the primary, phenomena of the process constituting diabetes; and as the calibre of the arteries is known to be under the control of the vaso-motor centres and nerves, the influence of this system is at once apparent. It is also of practical importance to enquire whether, in producing a dilated state of the arteries, the vaso-motor nerves are really paralyzed, (as is generally assumed to be the case,) or whether, on the contrary, arterial dilatation is the result of vaso-motor excitation, as we claim the facts invariably show to be the case. The treatment will naturally be modified as one or other of these views are adopted.

First, as to the proof that in diabetes important parts of the arterial system are unduly dilated. In connection with the experiment referred to, Bernard found the blood-vessels of the liver dilated, and "he attributed the appearance of the sugar to the increased circulation through that organ." (*Dr. L. Brunton's Handbook for the Phys. Labor.* p. 513.) Dr. H. Bence Jones quotes M. Schiff for the observation that injury of the cervical nerves as they emerge from the cord also produces diabetes, and that the vessels of the liver are simultaneously dilated. (*Braith. Retrospect*, July, 1875, p. 114.) In post-mortem examinations of diabetic subjects "most marked congestion of the liver and kidney have always been found." (*Braith. Retrospect*, July, 1875, p. 67.) More recently, Dr. W. H. Dickinson, an English Hospital Physician, reports that in five cases of this disease he found the earliest alteration recog-