

young girl, has menstruation commenced, and is it regular; if a young boy, is there reason to suspect masturbation? Ask then what symptoms were first noticed. In what did the patient first commence to depart from his customary habits and demeanor, and in what manner has the departure increased? What is his present state, and how long has been its duration? What delusions has he manifested, and if he is disposed to talk, what subject seems uppermost in his mind? Remember that these questions should be asked before you visit the patient, in order that the answers may assist you in personally examining him. They are to be taken only for what they are worth, as confirmatory of what you may yourself observe, not as sufficient in themselves to determine your diagnosis. Your informant will probably consider them all sufficient, and will perhaps resent your seeking further, or giving the patient more than a hasty and cursory examination. No matter, your affidavit will be that you have examined the patient and found him insane, not that you have been so informed by his friends. If you omit anything before you visit the patient, do not seek to remedy the omission by asking the question in his presence, unless it be something that you are perfectly willing that he should hear. The most absorbed and distraught appearing patients, are often keenly observant of all that passes about them, and though you may fail to get them to reply to your questions, you must not think that it is because they do not understand both them and all else that you say. In insanity, at the commencement, the senses are more often sharpened than dulled, and you will find that there is a good deal of cleverness and cunning. It will be well for you also to see the patient's letters and other writings.

*(To be continued.)*

IN his Croonian Lectures, Dr. Dickenson relates a curious case of congestion of the kidneys, brought on by a cold drive over a Yorkshire moor, where the swelling induced was so great that the capsules of both kidneys were rent, and a massive coagulum of blood was found in the gaping tear. In this case the pain in the loins was so great that it was supposed there must be a renal calculus.

## Translations.

### CHRONIC CONSTRICTION OF THE AORTA IN A CHILD TWO YEARS OLD.

BY MOUTARD MARTIN.

Eugene M—, aged two years, comes into the Salle St. Jean with the following antecedents: he has been swollen for several months, and since he has been weaned, has been oppressed [in breathing].

At the time of his entrance, we find in him hypertrophy of the heart with increased impulse; in the middle of the precordial region, a rubbing, revealed both by palpation and auscultation, indicates pericarditis; at the same time a very loud, rough souffle, most intense at the base of the heart, marks this first sound, and indicates an aortic constriction. This souffle is heard very intense throughout the thorax. As for the pulse, it is large, vibrating, and would rather resemble that of aortic insufficiency; œdema and ascites; no albumen with urine. In spite of blistering, matters do not change, and suddenly the child is seized with very severe convulsions. The application of the Marteau de Mayr recalled him to life; but the next day he had varioloid eruption which became hæmorrhagic, and to which he rapidly succumbed.

At the autopsy the following lesions were found: pericarditis slight, without effusion; heart enormously hypertrophied; nothing at the mitral orifice, but on the aortic side of the mitral valve, which forms the mitro-sigmoid sinus, two small yellowish spots not elevated,—these were evidence of previous inflammation. The sigmoid valves red, thickened, and swollen; at the point of their union they grasped tightly a death-clot. Two or three centimetres above the origin of the aorta, on its inner surface, were small, irregular, yellowish patches from 2 to 5 mm. in dimension, forming projections scarcely perceptible.

—*Progrès Medical.*

CURE OF PHYMOSIS BY SPONGE TENT has recently been practised with success by Dr. Gregorelly, in a case of syphilitic origin.