out any serious lesion of the viscera, but with a severe peritonitis, and the intensest grade of fever possible following the injury, I have pushed the conjoined treatment of veratrum and morphine as steadily, rapidly and fully as could be borne, with the kindest and happiest results, giving here at times the veratrum in ten-drop doses, to combat as rapidly as practicable the violent inflammation. Reasoning from analogy, but not from experience, it is to be supposed that in the judicious use of the veratrum the ovariotomist would find, at times, a valuable addition to his resources.

Vertigo and Apoplexy.

In plethoric vertigo it has been my custom for years past to use it freely. Ordering perfect quiet, in the most comfortable position to the sufferer, ten drops are given at once. The same or a smaller dose is persistently given every three hours until relief is afforded, which is usually the case as soon as the least characteristic effects of the medicine is produced. It is then cautiously continued, due attention being paid to the secretions. In apoplexy with hemiplegia, I have used it freely during the last four years, for as many hours after the attack as were necessary to relieve the unsteadiness and tension of the pulse, with marked and desired results. With this résumé of its action and profitable uses, it is commended to the attention and practical scrutiny of the profession.—*Medical and Surgical Reporter.*

St. Thomas's Hospital men feel, we learn, no small pride that Mr. R. P. Smith, at present the house-physician of Dr. Ord, has carried off the gold medal in Medicine at the second M.B. examination at the University of London, inasmuch as he is not the first St. Thomas's man who has been first in medicine in several successive years. Such continuous successes can hardly be a matter of mere luck. It probably points to the admirable training in medicine for which Dr. Murchison, Dr. Bristowe, and Dr. Ord have rendered the medical wards of St. Thomas's Hospital widely and justly celebrated. Clinical teaching as a systematic art, whether in medicine or surgery, is often so imperfectly studied or so largely neglected in our hospital wards, that it is a pleasure to be able to point to a systematic and careful instruction reaping its due reward in public honours.—*Br. Med. Journal.*

MORBID IMPULSES.

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In an article written for the Cincinnati *Medical News*, in May, 1874, I offered the following explanation of the morbid impulse :—

"When the impulse becomes dominant, asserting itself despite the will, then it is that the person is pronounced insane. The mere existence of the *fixed idea*, so long as it be controlled by volition, is in no wise an abnormality. When the hemispherical cells cease to react upon each other harmoniously, when an idea prolongs its tension so as to 'tyrannize over the understanding, and become an absorbing entity,' illusions and delusions result. A man in this condition of mental erethism, acting under a delusion, would not be amenable to law, only in so far as his confinement in a proper asylum would be demanded. The *modus operandi* by which an idea becomes excited and active is this : The necessary external stimulus applied to the sensory ganglia is expressed outwardly as pleasure or disgust, while the residua furnish to the well-balanced mind the stimulus which was necessary to excite the particular idea in one of the numerous cortical cells. Just what stimulus was needed, and just what idea would obtain from its application are the lessons stamped on the mental growth by the experience of generations. The nervous action may become weakened by the vicious transmission of heredity, or the integrity of the nervous vitality of the centres may be upset by injurious practices."

A more precise observation has forced the belief upon me that a morbid impulse, which is always dominant and may not be controlled by the will, never originates *de novo*, but is the result of previous family instability. The underlying predisposition to the various conditions of mental erethism may always be found in a transmitted tendency of heredity, or, in women, in uterine disorders and misplacements. The hypochondria incident to acute dyspepsia is often the offspring of eccentricity (so-called) in either the father or the mother, and may, in turn, become the parent of a more pronounced form of mental unsoundness in the next generation. Each one, in his life's history, may