we exclude that insight of the understanding which is called intuition, because it is a part of its own innate energy which depends neither on memory nor the senses, though called into activity through the exercise. That is, if we have no difficulty, then, in admitting that the disease under consideration exists in the only other set of faculties remaining; that its exciting cause is disease of the material organ in which they interfere; and that its presence is exerted as a perversion, and through it a perversion also of the feelings and the will. Insanity, then, may be defined—as a dangerous misconception of one's personal relations, either persistent or with local intercalations of his without illusions of the senses. It will give more completeness to this sketch if I add, that a true conception of the understanding is an idea or belief in conformity with the nature of things, and that the class of misconceptions may be tabulated as under:

MISCONCEPTION.

1. In matters common to all men: Error and Ignorance.
2. Peculiarities gradually acquired from circumstances: Eccentricity.
3. Peculiarities suddenly or recently coming on from disease: some forms of Monomania.

4. In which liberty is guided by conception of the will—Amenia, Amentia, Monomania, Diplomania, Impulsive Madness.

TREATMENT OF DIABETES MELLITUS.

By T. Inman, M.D., Liverpool.

It is desirable that contributions, however small, should be made from time to time respecting any new plan of treatment proposed for severe and almost intractable diseases. As yet we have had few reports upon the practice adopted by Dr. Budd, of Bristol, in diabetic cases, although it was one eminently deserving of consideration.

I have, in my hospital experience, had four cases of diabetes mellitus under my care; two prior to the publication of Dr. Claude Bernard's researches, and the promulgation of Dr. Budd's views; and two since. Of the first two, I will only say that the patient was carried out of the hospital worse than when they came in, although no attempt was spared to benefit them.

The last two cases came to very different conclusions. I may, for the sake of brevity, describe both patients as being labouring men, about 40 years of age—ill for many months. The quantity of urine passed was over twenty pints daily, the specific gravity 1.040; the presence of sugar was ascertained by fermentation and other tests. Emaciation was considerable; and thirst great. Both had been under dispensary treatment before their admission. In adopting a plan of treatment I was guided by the following considerations:

1. The liver naturally produces sugar in a definite quantity. In diabetes there is an excess of sugar, and we may fairly infer that it comes from the liver. Opium has a decided effect in diminishing the bile producing or secreting function of the liver, and it is reasonable to suppose that it will reduce the sugar-forming function. Experience has long told us that no single remedy in diabetes has been so efficacious in diminishing the quantity, etc., of urine passed, as opium. Opium, therefore, should be one ingredient in the treatment.

2. Again, Bernard has shown that the liver makes sugar, no matter what is the nature of the food employed. Dr. Budd has shown that some patients, at least, may be benefited by saccharine food. But my patients did not long for sugar; and they did enjoy their ordinary food; consequently I neither restricted them to non-saccharine, or non-amylaceous diet, or prescribed unpalatable qualities of sugar. They were to have the ordinary full diet of the hospital, but more in quantity if they chose, either of bread, meat, or potatoes.

3. Again, it seems to be clear that in diabetes, there was debility, increasing more or less the whole system; that there was danger of death by consumption; that the digestive powers, notwithstanding their apparent energy, must be impaired; at any rate, that opium was liable to disorder the stomach, and that it could be tolerated in larger quantity if combined with quinine.

The result of these considerations was the following prescription for a pill:

Opium, one grain; quinine, two grains; to be taken every four hours from time to time diet, with porter daily.

The effect of this was soon apparent. The men began to improve rapidly and steadily; the urine diminished until it stood at ten pints only per day, with a specific gravity of 1.056. Comparatively without either strength and spirits increased, and they gained in flesh considerably. The opium never affected the head except on one occasion, when the patient, having to expel his recovery, took at one dose. The bowels were habitually regular. The plan of treatment was neither varied or altered during their residence in the hospital.

They remained under notice, the one about three months, the other for six weeks. Both left the house of their own accord, as they considered themselves sufficiently cured, and competent to do their ordinary work. I have seen one since he went out, and found that he continued strong, and, as he thought, well.

Of course I do not imagine that these two cases are sufficient to upset our older notions of the correct treatment of diabetes. I merely offer them as a small contribution to our general therapeutic stores.

I may just mention, as a curious fact, that one of my unsuccessful cases found that he received more benefit from a diet of raw beef than from any other thing dietetic or medicinal which he had taken; and that every new medicine did him good for about two days.

REMOVAL OF AN INVERTED UTERUS.

By J. Bower Harrison, M.D., Higher Broughton, Manchester.

In the Medical Gazette for April 1840, I published a case of the successful removal of an inverted uterus. At the period at which the case was published, only a comparatively short time had elapsed since the performance of the operation. It may be interesting, therefore, to supply, at the present time, such particulars as I am able to collect respecting the final success of the case.

I am more especially induced to offer these particulars, as the case itself seems to have escaped the notice of many who have directed their attention to this subject. In a paper, for example, which appeared in the Medico-Chirurgical Transactions for 1832, on the Inversion of the Uterus, by Dr. Gregory Forbes, no allusion is made to my case, although the paper professes to contain a complete record of all cases published in relation to this disease. I must acknowledge, however, that Dr. Forbes afterwards did me the favour to write a letter in which he regretted the omission, and expressed his wish to supply the defect by a supplementary notice.

Some time subsequent to the operation, which I related in the Medical Gazette, my patient left Manchester, and I unfortunately lost sight of her. This I regretted, though I had every reason to suppose that she was in good health, for my friend Mr. Crosse of Norwich wrote to me in July 1844, expressing a wish to have full particulars of the case. He says, "I have for some time been attending to the subject of inofratus uteri (having had a successful case of removal of that organ), with a view to writing a comprehensive essay thereon. By some great oversight, I was not cognisant of your excellent case detailed in the London Medical Gazette of April 1840. I hope you will excuse me for putting to you the subjoined queries, in further illustration of your case," etc.* Mr. Crosse happily discovered the patient himself, for, in December of the same year, he writes me word, "I do not think I have before informed you that my particular friend Mr. Samuel Smith, Senior Surgeon to the Leeds Infirmary, has found your extra-uterine patient, and sent me full particulars about her present state. She continues in good health, as do several others in this country whom I have seen. The gradual method you pursued, in removing the uterus by ligature, coincides precisely with my own ideas as to the best way to do it with success."

In a letter which Mr. Crosse wrote to me in June 1845, he says, "I was lately at Leeds, and saw your extra-uterine

* The original letters are in my possession.
CASES ILLUSTRATING DISEASES ARISING FROM LONG CONTINUED RESIDENCE IN INDIA.

By William Henry Ashley, M.D.Edin., F.R.C.S.Eng.,
Honorary Surgeon to the Kensington Dispensary.

All our experience and knowledge of the processes and phenomena of disease begins with individual cases; and the truth is brought nearer to our comprehension by collecting numerous examples under the greatest possible variety of circumstanees. This can only be accomplished by the combined exertions of numerous observers. We are thus enabled to distinguish what has uniformly occurred in all cases, conjointly or consecutively, and what has not transpired, and finally determine constant coincidences from those which are merely fortuitous.

Case 1. - Typhoid Granular Induration of the Liver.

The subject of this case was a lady aged 56, of regular and temperate habits, whose constitution had been enfeebled by residing many years in Calcutta, and who had lately returned to England an impaired state of health, having suffered occasionally from disorder of the digestive organs. Towards the termination of 1854, a marked declension in the state of her health became apparent; and when she placed herself under my care in January 1855, she was complaining of indigestion, abdominal palpitation, emaciation, debility, insomnia, and depression of spirits.

February 1, 1855. The face and body were generally pale; she had loss of appetite, considerable feebleness, severe and almost persistent epigastric pulsations, synchronous with her heart's action, no sense of weight or pain in the region of the liver; the entire abdomen was unaffected by strong pressure; the tongue was dry, somewhat irritable, 90; the skin dry; the urine high coloured; the stools natural and costive. No cardiac or ptyallic disease, or enlargement of the spleen, could be detected.

The disease was acute and continuous; from the commencement of March, the symptoms became more severe, and on the 11th of that month, jaundice supervened, and remained persistent until her death, which occurred on the 1st of October following. Simultaneous changes were now observed; the urine appeared charged with bile, and the alvine dejections were no longer tinged with dark matter, but became light and clay coloured. The new formation of connective tissue could now be readily distinguished by tactile examination through the exceedingly attenuated parietes of the abdomen, in the form of callouses, indicating a state of degeneration into granular atrophic induration of the liver; but the development of this callous tissue did not become apparent to the touch before the supervision of the jaundice. The symptoms resulting from the impermeability and obliteration of the secreting tissue, bore a certain progressive ratio to the degree of hepatic induration, and were chiefly characterized by anemia, and (shortly before death) by asities. Concurrently with the development of these symptoms, might be observed a dark yellowish greenish tint of the skin pervading the whole body; the epigastric line was of the same hue, as to assume a blackish or inky hue, and the biliphaen in solution, tinged linen of a dark yellow dye. The usual tests failed to discover any trace of albumen. Towards the termination of the disease the symptoms became more severe and aggravated. There were occasional paroxysms of severe pain in the liver, a constant bitter taste in the mouth, and almost daily, at an early hour in the morning, vomiting of bilious matter, occasionally complicated with haematemesis. The pulse now became very irregular, amounting to 150 beats in the minute, and petechiae appeared on the superior and inferior extremities. The extinction of vitality was very protracted, and accompanied by the manifestation of exitial reflex actions, and the sensibility remaining unaffected until two days before death.

Remarks. In the early stage of the malady, the dyspepsia was relieved by bismuth, soda, and boric acid; and the disease was complicated with many chylotope viscera by the use of mild mercurial and aloetic medicines. After the super- vention of jaundice, the mineral acids, and various prepara- tions of quinine and iodine were administered; and the nitric acid bath was persevered in for a long continued period. The acids were employed with a view of acting on the absorptive and excretory systems, and arresting the hepatic degeneration; at the same time, that they might also serve to oxygenate the vitiated blood.

The setting in of this insidious and dangerous affection was marked by dyspeptic symptoms of a very intractable nature, together with considerable marasmus. At this early period of the disease, there existed no abdominal pain; but the comparative benignity of the symptoms was of short duration, and the development of hepatic disease soon became patent and intractable. It is a remarkable coincidence that the system should have been surcharged with bile for a period of eight months, and, that, in spite of the protracted duration, there was an entire absence of coma or any cerebral complication. It is the disease of the system itself that is formidable; and that vicarious but conservative law of nature, observed sometimes in diseased conditions of the system, the kidneys became the excreting emunctories of bile-pigment, and to a certain extent compensated for the loss of vital power in the ascendent blood.

In this instance we have an exemplification of the system tolerating the presence of a noxious agent with impunity for an unusually long period. Contaminations in this respect do not arise from uremia; the concomitant circumstances and influences are too complicated, and the importance and office of each individual agency are not sufficiently known to enable hematologists to determine the causes of this divergence and variation in the symptoms. Perhaps the fact of containing more nitrogen than any other animal product, may serve in some measure to explain its pernicious effects; how frequently is cephaloea attributed to derangement of the liver, when the cause may be found in functional disorder of the kidneys? the materies morbi depending on excess of uree acid in the blood, too often induced by sedentary habits and over stimulating foods. Where arsenic is the fact that bile, added to flesh drawn blood, prevents its coagulation; and to its presence in the living body may be ascribed in some measure that condition of system frequently terminating in dyscrasial anaemia, marked as in the present case by the appearance of petechiae on the surface of the body.

The obstruction and interruption to the flow of blood through the liver frequently induces disease of the heart, but in this instance there was no part of the venous blood.

The peculiarly excited pulse was partly due to the constant effort of the heart to propel blood through the indurated and almost impermeable hepatic tissue, to cardiac irritation set up by the presence of bile in the circulating fluid, and also to sympathetic reflex action induced by the formidable nature of the hepatic lesion.

To climactic influences we must in this instance ascribe the origin of this incurable form of disease. It is seldom the practitioner meets with an example, so complete and well defined in all its stages of progressive development, frequently one or more of the important symptoms are absent, but in this case all the salient points necessary for the purpose of accurate diagnosis, present themselves to our notice.

Case II. - Chronic Dysentery. Mrs. B., aged 40, of spare habit, after a residence of some years in India, removed to England in July 1855. She first complained of dysenteric symptoms on board ship in the Bay of Bengal, March 1855; and the disease had now continued for twelve months without any interesting change. The patient, after having been in Scotland; but finding the climate ungenial, and her disorder increasing in severity, she removed to London.

March 31st, 1856. Her symptoms were excessive emaci- ation and stomachic pain, with severe constipation and vomiting, with the frequent passage of an offensive purulent stool, the stool emerging from a rectal ulcer, and the discharge of blood after the stools, with two or three bright red spots on the surface of each stool; the stool was abominably offensive and offensive in the night. The patient would not admit of bismuth, having used it for some time, with no effect. It is impossible to say whether the patient had ever had dysentery before the disease of the present complaint. The last attack had been of about six months duration, the stools being bloody and offensive, with much pain in the bowels and in the side. The pain, although not severe, was so constant that the patient could neither lie down nor stand up, and could only suffer, having the feeling of a burning coals in the abdomen. The blood came in small patches, not in the stools, but in the urine, which was scanty and of a dark yellow colour. There had been no recent diarrhoea. The appetite increased, and the sight, hearing, and smell were unimpaired. There was much tenderness over every joint, and the whole body felt as if it were on fire. The face was pale with a deep purple hue, the tongue was yellowish green, and the breath red and very offensive. The skin was dry and free from sweat, and the xanthopsia was greatly increased. The diminution of the hunger and the violent sensibility of the joints, with the loss of the taste and smell, was, however, remarkable. The heart was affected with angina pectoris, with considerable pain in the left breast, and the patient found it hard to breathe, and was obliged to remain in bed for two months. The pulse was very rapid, and the patient was extremely weak. The patient stated that she had never been in a state of health for five years, and was a chronic dysenteric patient ever since she was in India.