one leg and few scratches on her hands. A post-mortem examination on the child proved it to have never breathed.

SANTONIN IN PSILOSIS.

DR. CHARLES BEGG (Hankow, China) writes: I had the privilege—thanks to the courtesy of Dr. Wethered—of going carefully over the microscopic preparations in the case of psilosis recorded by Dr. Thin in the British Medical Journal of June 14th, 1880, and the great advantage of Dr. Wethered's guidance and explanation while doing so. In a paper published by me in the Chinese Customs Medical Reports, and in another read before the Medico-Chirurgical Society of Edinburgh on April 2nd, 1890, I gave the results of my treatment of this disease with yellow santonin, and from my clinical experience I argued out a theory of a probable pathology pointing to the disease being not, as it was regarded, a disease of the mucous membrane, but simply an interference with the function of absorption of the products of digestion, and all other lesions but secondary processes. lesions but secondary processes.

In considering Dr. Thin's case we must not lose sight of the fact that

lesions but secondary processes. In considering Dr. Thin's case we must not lose sight of the fact that the specimens were taken from a patient who died from exhaustion due entirely to the ravages of the disease, and that therefore the appearances seen were the effects of the disease carried to a point incompatible with life. In thinking of the condition of the bowel of the patients we are called on to treat, we must think of these appearances as being considerably modified. It might be quite fair to argue that when destruction of the nucous membrane takes place the patient is very close to death, and rice rersal. To my mind the important part of the pathological report is the record of the mucoid-looking material found adhering to the free surface of the intestines, and containing microgranisms. Dr. Thin seems to pass over its presence with hardly the attention it desires. In examining slide after slide it forced itself very prominently on our notice, and the underlying mischief seemed in direct ratio to its amount. Tracing it down the gut it was found that it was in excess just where absorption ought to be taking place, and who can doubt that it acted as a perfect preventative to all contact of the contents of the bowel with the absorbing surface? It was demonstrated that the digesting part of the mucous membrane was uninjured, and I am pleased to be able to quote Dr. Thin as allowing the secondary and fugitive nature of the changes seen in the mouth during life. This case has at last brought Dr. Thin to the opinion that although "nothing has been discovered in this or in any other case to account for the peculiar pathological changes described, their wide extent suggests some morbid agent acting from the free surface," etc.—an opinion I have now held for some years as the only way I could explain the results of the exhibition of santonin.

The questions we have now to settle are: What is this mucoid-like material? whence did it come? and what are the micro-organisus seen

for some years as the only way I could explain the results of the exhibition of santonin.

The questions we have now to settle are: What is this mucoid-like material? whence did it come? and what are the micro-organisms seen embedded in it?—most difficult problems, as all investigations regarding organisms in the intestinal canal must be. It is highly probable that the best work will be clinical, and I am encouraged to hope that in the light of this interesting post-mortem examination the profession will now be induced to turn its attention to the cure of psilosis by drugs, and no longer take refuge in prescribing change of climate and milk diet. To those interested I would refer them to my paper published in the Edinburgh Medical Journal for September, 1890, and it only seems necessary to add to the opinion I there express that this post-mortem examination would seem to point to an added mechanical factor in the process of interference with absorption. Speculation as to the origin of the mucoid coating is interesting, but we must not lose sight of the immense gain that has accrued by a clear demonstration that all the symptoms seen in our patients are but the result of a process acting from the free surface, and the chance so given us to put an end to it. I may add that the last patient whose case I report in the paper above referred to is a gentleman in London, and he has given me permission to hand his address to any medical man desiring to see him. He was pronounced incurable, and had been a victim to this "process" for about nine years.

I would desire again to draw attention to the fact that I use yellow.

about nine years.

a women uesire again to draw attention to the fact that I use yellow santonin dissolved in olive oil, regardless of the chemical quibble that the change in colour has no corresponding change in reaction. Clinically I find that the strength of the drug is in direct ratio to the intensity of the colour. The effect of the white crystals in psilosis appears nil. Exposure to bright sunlight will soon render any specimen of santonin fit to use. would desire again to draw attention to the fact that I use

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## BOOKS, ETC., RECEIVED.

Studies of Old Casebooks. By Sir James Paget, Bart. London: Longmans, Green, and Co. 1891.

The Patient's Record for the Use of Doctors and Nurses. Compiled by Agnes S. Brennan. New York and London: G. P. Putnam's Sons. 1890.

Studies from the Physiological Laboratory of Owens College, Manchester. Edited by Professor William Stirling. Vol. 1, price 10s. Published by the Council of the College. 1891.

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