been propounded from time to time to explain the cause of the existence of saccharine urine, known by the term Diabetes; and no doubt cases have arisen, and will arise, which would rather justify one than the other; but for myself, with all due deference to the distinguished authorities from whose works I have endeavoured to obtain precise information on this disease, I am inclined to the physiological theory inaugurated by M. Bernard, and to ascribe the primary cause of the disease to a deficiency of nervous power from some morbid impression at or about the origin of the pneumogastric nerves. For what are the most common complications and secondary disorders of this complaint? Tubercular phthisis, dyspepsia from increased irritability of the stomach, anasarca, and apoplexy; to which may be added, according to M. Bernard, the increased glucogenic function of the liver by an injury to the medulla in the region of the fourth ventricle. And that it is a disease of the nervous centres, rather than of any secretory or excretory organ, the analogy of it to others which we know to be so, as well as the nature of the malady itself, afford striking if not positive evidence of the correctness of my assumption. The celebrated Dr. Wollaston referred the production and distinction of all the secretions to that change in the quality or intensity of the nervous power transmitted to it; and Dr. Van der Kolk refers all the spasmodic or convulsive movements to the ganglionic cells of the medulla oblongata, which, as reflex ganglia, possess the peculiar property, that, when once brought into an excited condition, they may more or less suddenly discharge themselves, and communicate their influence to the different nervous filaments, just as we see to be the case with electric batteries or in the phenomenon of an electric fish. Moreover, the treatment admitted on all sides to have been most efficacious offers to my mind a still further negative evidence of the disease being nervous rather than either humoral or chemical in its character. Dr. Latham frequently prescribed phosphorus with success, and we know what a powerful aphrodisiac that is when there is a deficiency of nervous power. Cullen was so satisfied with this doctrine that we find diabetes ranged in his class *Neuroses*, and order *Spasmi*, immediately before *hysteria* and *hydrophobia*. Acting under these impressions, I prescribed, as a nervine tonic, a pill containing the following ingredients: sulphate of iron, extract of *nuxvomica*, compound extract of *colocynth*, and *hyoscyamus*—to be taken night and morning; with a mixture of phosphate of soda and infusion of *gentian*, twice a day; avoiding as much as possible all vegetables, and recommending a diet of a highly azotised nature. Under this treatment the urine lost its high specific gravity; the thirst became much less; and in a few weeks not the slightest reaction could be obtained by the solution of *Barreswil*, or any other process with which I am acquainted; and the patient recovered his usual health and spirits.

Belle-vue, Clifton, Aug. 1861.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—*MORGAGNI. De Sed. et Caus. Morb.*, lib. 14. Proemium.

KING'S COLLEGE HOSPITAL.

INDUCTION OF PREMATURE LABOUR; SUCCESSFUL RESULT.

(Under the care of Dr. ARTHUR FARRE.)

THE following case of induction of premature labour, for which we are indebted to Mr. John Barr Brown, the resident physician-accoucheur, has lately occurred at this hospital in the practice of Dr. Arthur Farre. The result was attended with complete success.

J. B—, a mulatto, aged thirty-eight, of very diminutive stature, applied here, during the month of June, for the purpose of having labour prematurely induced. Her previous history runs thus:—She has been married eight years. In

1854, her first labour was terminated at the full time by craniotomy, performed by Dr. Farre. In 1856, labour was brought on, at this hospital, by means of the injection of hot and cold water, the woman being then fully seven months advanced in pregnancy; the child lived only a few hours. In July, 1860, being then about thirty-two weeks gone, she again applied at the hospital, and labour was induced a second time by means of the douche. The operation was commenced on the 28th of July, at four P.M. Uterine pains occurred slowly and irregularly until eleven P.M. on the 29th, when the membranes were forcibly ruptured, which greatly increased the force and frequency of the pains. The child was born at a quarter past eleven on the 30th, and lived about sixteen hours, during which time it swallowed some milk from a bottle. The weight, when dead, was 3 lb. 2 oz.; it measured in length sixteen inches. The mother had no milk in her breasts. She left the hospital perfectly well on the 12th of August.

In June, 1861, she applied for the third time. Dr. Farre saw her on the 26th. She had then, by her own calculation, finished the thirty-third week of pregnancy. The point of the finger could be easily passed within the lips of the os uteri. Dr. Farre commenced the operation, at three P.M. on the 26th, by introducing an elastic catheter (No. 10 size) for about three inches within the external os uteri. He then swept it round, so as to separate the membranes from the walls of the uterus. This was easily accomplished, except where the head was found to be lying—viz., over the symphysis pubis, a little to the left side. The woman had some slight pains in the back after the operation, but these soon subsided. Uterine pains commenced at six P.M. on the 27th, but were very slight and at long intervals. The membranes ruptured spontaneously at two A.M. on the 28th. The os uteri was now a little larger than a sixpence, soft, cool, and moist. The pains continued slowly and irregularly till five P.M. on the 29th, when they became more effective. At nine P.M. the os was dilated to the size of a half-crown; the presentation was easily made out. The child was born at two A.M. on the 30th, the head presenting in the first position. The umbilical cord, which was looped round the neck of the child, was pulsating strongly. The placenta came away easily about ten minutes after the birth of the child. The child, a female, seemed well formed, and cried lustily. Its head was well covered with hair; the nails were perfect; the pupils of the eyes quite regular; no membrana pupillaris existed; it weighed the next day 3 lb. 4 oz., and measured in length eighteen inches.

From this time, both mother and child progressed most favourably, the latter being fed on milk-and-water from a bottle, as the mother had no milk in her breasts. They left the hospital on July 13th, both quite well.

This last method of inducing premature labour—viz., by separating the membranes from the uterus by a catheter—is the one specially advocated by Dr. Farre. In the two previous labours the douche was employed, in consequence of the occlusion of the os and the difficulty of passing a catheter.

ST. BARTHOLOMEW'S HOSPITAL.

SLOWNESS OF THE PULSE, WITHOUT ANY WELL-MARKED DISEASE TO ACCOUNT FOR IT.

(Under the care of Dr. FARRE.)

EXTREME depression, apoplexy, some organic affections of the heart, and the exhaustion preceding final dissolution, are known to produce slowness of the pulse. By the term *slowness* is meant the diminution of the heart's beat to 40 per minute, or even much lower, say to 30 or 25 beats per minute. Ordinarily the cause of the slow pulse may be made out. Thus Dr. Watson states in his "Lectures on the Practice of Physic," vol. i.: "The slowest pulse I ever felt was that of a man sixty-eight years old, who was for some time a patient of mine, with diseased heart and dropsy. His pulse was often no more than 25 in the minute. He died suddenly in his chair, and I was very desirous of examining his body, but his widow would not allow it." The same writer refers to a case in the 17th volume of "Duncan's Medical Commentaries," in which the pulse was as slow as 9 beats in the minute.

We have recently watched a case of some interest under Dr. Farre's care, in which the chief peculiarity was slowness of the pulse. The patient, Wm. C—, a painter by trade, is fifty-eight years of age, and was admitted on the 2nd May. Nearly