which, in the course of my own reading and experience, have appeared to me most to demand consideration.

In bringing my remarks to a conclusion, I make no apology for quoting and appropriating the words with which the late Dr. Guy, one of our foremost medical jurists, closes his latest utterance on this question. "If," he says (in the last chapter of his "Factors of the Unsound Mind," "I seem to have handled a great subject unworthily, I plead in mitigation of my offence its immense extent and admitted difficulty. If I have run counter to any man's preconceived opinions, let me assure him that it is not with arrogance or pleasure that I differ from him. In course respects she claims to teach the nations how to live, in others shows herself not too proud to learn; a State that has no higher title to respect than that which she derives from her humanity; a State that would suffer indelible disgrace if, ceasing to regard the madman as an object of profound compassion, she should come to treat him as a thing only calculated to excite feelings of intolerance and disgust."

**CAUSE OF HEPATIC ABCESS.**

**BY SURGEON-GENERAL MOORE, C.I.E., SURGEON-GENERAL WITH THE GOVERNMENT OF BOMBAY, HONORARY SURGEON TO THE VICE-ROY OF INDIA.**

Dr. Harley, in his admirable work on Diseases of the Liver, makes some observations which, being erroneous, I rather wonder have not before this been refuted. He says emphatically that the chief causes of liver disease in India are "gluttony and intemperance," or "the habitual indulgence in rich food and strong drinks," so that "it is impossible that all the hydrocarbons admitted to the circulation can be used up, which, coupled with the inactive mode of life followed by the majority of English residents, produce the liver diseases of India," and especially hepatic abscess.

Dr. Harley is "led to this conclusion chiefly by the facts that natives of hot climates, whose mode of life is entirely different from that of Europeans, are not one whit more liable to be affected with abscess of the liver than any man residing in Great Britain." Now, in the first place, entirely deny that the habits of Europeans in India are generally such as portrayed by Dr. Harley. "Gluttony and intemperance," "the habitual indulgence in rich food and strong drinks," and an "inactive mode of life," are no more the characteristics of Anglo-Indians than of similar classes at home. During the last quarter of a century a greater change has taken place in Anglo-Indian habits of life than even in home habits of the same period the thickest European clothing is acceptable; where the cutaneous surface of Europeans is exposed to the directly effect of atmospheric vicissitudes, nowhere so peculiar climatic influences must existing; a third section fall in the tropical climate has never been satisfactorily accounted for, leading the lamented Parkes to infer that perhaps, after all, there is little immediate connexion between heat and liver abscess; leading others to the idea that some peculiar climatic influences must exist; a third section falling back on the universal Moloche, malaria. But I believe liver inflammations and abscesses are usually simply the result of infection, of putrefaction, of what is powerfully felt as in India; where on the coast the diurnal sea breezes succeed to a hot, moist, stagnant atmosphere, causing a sudden and considerable fall of temperature daily, where throughout the country during nearly the whole year, the night temperature, or rather the early morning temperature, is so much less than that of the day where the seasons are so different that they are ordinarily spoken of as the hot and the cold; and during the former period the lightest of clothing is irksome, while in many parts during the later period the thickest European clothing is acceptable; where the cutaneous surface of Europeans especially is rendered extraordinarily susceptible to a lowering of temperature by the over-excitation and consequent cutaneous debility produced by heat; and where Europeans and natives, who neither eat nor drink too much, expose themselves habitually in the most utterly careless manner, suffer in a manner that may be compared to that of a feverish, putrid state of the body, to infirmities, and especially of liver disease—chill, impelled to such exposure by temporary gratification, and daily incurring fresh dangers under the confidence of a too frequently broken promise. With such a cause as this, much as a first step, a congestive or inflammatory condition, and in the anemic probably hepatic embolism, the result being abscess.

In the second place, I challenge Dr. Harley's assertion that natives "are not one whit more liable to be affected with abscess of the liver than any man residing in Great Britain." A visit to any of the large native Indian hospitals would convince Dr. Harley of the reverse, for cases of liver abscess in natives are always to be seen there. By the kindness of Brigade Surgeons H. Cook and Vandyke Carter, and Surgeon-Major Hojel, the principal medical officers of the Bombay hospitals named below, I have been furnished with the statistics of liver abscess during the past three years in the Jamsetji Hospital, the Goculdas Hospital, and the European General Hospital. In the Jamsetji Hospital there were a total of 18,759 in-door native patients, with a percentage of 62 cases of hepatic abscess. In the Goculdas Hospital there were 7,976 native patients, with a percentage of 54 hepatic abscess. In the European General Hospital, 4,235 patients gave hepatic abscess as 60 per cent. In some particular years the ratio of hepatic abscess is even greatest amongst the natives.

**STIGMATA MAIDIS, OR CORN SILK, IN THE TREATMENT OF VESICAL CATARRH.**

**BY GEORGE ST. GEORGE, M.K.Q.C.P.I., &c., SURGEON TO THE COUNTY ANTRIM INFIRMARY AND THOMPSON MEMORIAL HOME FOR INCURABLES, LISBURN, IRELAND.**

The tassel-like tufts or stigmata, or green pistils of the Indian corn (zea mays) or corn silk has been introduced into medicine during the last few years as a demulcent and diuretic in catarrhal inflammation of the bladder and kidneys; but as it has not come much into use in this country, the notes of the following two cases of vesical inflammation treated with this drug may prove interesting. Its properties were made more widely known by Professor Castan of Montpellier in 1880. Different results have been obtained from different poster, the fluid extract of the drug appearing to vary in strength according to the nature of the soil, the climate, the time and mode of picking and the manner of drying the stigmata. I have, however, found the fluid extract of Parke, Davis, & Co., of Detroit, U.S.A., prepared by them by maceration and hydraulic pressure, as most constant and certain in its effects and action. In Mexico it has long been used in nephritic colic and vesical catarrh. Dr. Whiting of Belfast discourses it in
Stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case of chronic inflammation of the bladder, accompanied with haemorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. Dr. Dufau states that in traumatic and gonorrhceal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consequent to grave disease in the kidney) caused by the excretion of morbid depositions, which were speedily relieved by the administration of corn silk. The stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case of chronic inflammation of the bladder, accompanied with haemorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. Dr. Dufau states that in traumatic and gonorrhceal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consequent to grave disease in the kidney) caused by the excretion of morbid depositions, which were speedily relieved by the administration of corn silk. The stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case of chronic inflammation of the bladder, accompanied with haemorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. Dr. Dufau states that in traumatic and gonorrhceal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consequent to grave disease in the kidney) caused by the excretion of morbid depositions, which were speedily relieved by the administration of corn silk. The stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case of chronic inflammation of the bladder, accompanied with haemorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. Dr. Dufau states that in traumatic and gonorrhceal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consequent to grave disease in the kidney) caused by the excretion of morbid depositions, which were speedily relieved by the administration of corn silk. The stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case of chronic inflammation of the bladder, accompanied with haemorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. Dr. Dufau states that in traumatic and gonorrhceal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consequent to grave disease in the kidney) caused by the excretion of morbid depositions, which were speedily relieved by the administration of corn silk.