spasms of individual muscles. In tremor and paralysis agitans, there are synchronic spasms (Mason Good) of many muscles. Catalepsy is marked by increased tonicity of antagonistic muscles. And tetanus is marked by still greater tonicity of non-antagonistic muscles.

Now in each of these the nutritive condition of the muscle is the predisposing cause; the exciting causes are climatic, reflex, and emotional. Therefore, though the treatment must have respect to the causes, and will vary, still the diseases are diseases of the muscles, not of the nerves. In hysteria, it is true, we may have catalepsy, and strychnine produces tetanus, but then the catalepsy and the tetanus become symptoms only; the diseases have been traced further to neurility (Lewes) and toxicology.

Order II. Diseases of *Kinesis* (Romberg) include convulsions, and epilepsy, with paralysis—hyperkinesis, and akinesis.

Order III. *Æsthesis*, perception, and its two extremes—hyperæsthesia and anæsthesia,—are sometimes distinguished from pain and its loss—algæsis and analgesia.

Order IV. *Pathesis* and *Thelesis* furnish many and important diseases, when abnormally developed. Of these, we have three genera.

1. Hysteria, admitting with Dr. Chambers that the uterus is by no means the invariably exciting cause, may be retained as an old and venerable name, if precision can be given to it. And, though pantomimic of all diseases, may we not briefly define hysteria to be a disease of the emotions and will, characterised by very various propensities and simulations?

2. "Sensational, or Instinctive Insanity," is a disease of the appetites, which control the conduct. The species are,—Bulimia, or "a wolf in the stomach"; Dipsomania, "a thirsty soul"; and Erotomania, excessive amativeness.

3. "Emotional Insanity," improperly called "Moral," is best illustrated by melancholia, or excessive grief. Autophonomania, pyromania, kleptomania, and tarantism, are other species.

Order V. *Phronesis* represents technically the "intellect" of Mr. Bain, and the "cognition" of Dr. Maudsley. "Intellectual or Ideational Insanity" is a disease of phronesis. Mania is its excess; dementia its defect; each being inevitably accompanied by more or less perversion, or loss of control, of the mental faculties (Conolly). Monomania is partial mania. Idiocy and imbecility are congenital varieties of dementia, complete and partial.

Order VI. *Syneidesis*, or conscience, the sense of responsibility, is the last and crowning faculty of man. Its loss may be congenital or acquired, but are there any instances of hypersyneidesis? Who shall decide when on points of conscience most men think others mad. The definitions of insanity, given in two of our latest text-books, place us in as awkward a dilemma as could any preacher. If we maintain our sanity it must be by pleading guilty at the bar of conscience, for, says Dr. Tanner, sanity "enables a man to discharge his duties," which we do not. But insanity, Dr. Aitken says, "renders us irresponsible." Then we may escape, but it must be on the ground of insanity.

Truly we are all morally insane, in this strictest sense, but it does not touch the ordinarily received forms, though it is the ripest fruit of all. Moral insanity, or depravity, is the most complex of all phenomena. It has moral and physical predispositions, and moral and physical exciting causes. It is the cancer of the forces, as cancer is the insanity of the tissues.

ON THE DIAGNOSIS BETWEEN HERNIA AND ENLARGED INGUINAL LYMPHATIC GLANDS.

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At the recent meeting of the South-Eastern Branch of the Association, two very interesting cases were related by Dr. Bowles of Folkestone, illustrative of the difficulties which may arise in diagnosing hernia, by reason of the presence of enlarged lymphatic glands in the groin. In the last of these, the patient had worn a truss for several years owing to a swelling as large as a small orange in the inguinal region, which consisted of enlarged glands caused by gangrene of the toe, no hernia ever having existed. I am able to "cap" this case of Dr. Bowles by another of a like kind, in which, however, the result unfortunately proved fatal. The case occurred in St. George's Hospital, and the patient died on the day after admission. It was as follows:

William A., aged 80, was admitted October 5th, 1846. He stated that for ten years he had worn a truss over a tumour occupying the right inguinal region; that, three days before admission, this tumour enlarged, and became red and painful, and that pain in the abdomen and occasional vomiting had shortly come on. No relief from the bowels had been obtained since the symptoms began. When admitted, his expression was anxious and his pulse weak, and there was a tumour, about three inches in length, in the usual situation of an inguinal hernia. An incision was made in the long axis of the tumour (in order to ascertain its nature), which was found to consist entirely of enlarged and suppurating inguinal glands. During the night, the sickness returned, the patient became much worse, and he died at 11 A.M. on the next morning.

On post mortem examination, the lungs were found to be much congested and the heart flabby, and extensive granular disease of the kidneys was met with. The spleen was soft, and adherent to the abdominal parietes. The peritoneum and intestines were quite healthy. The enlarged glands were found to contain deposits of pus. The other parts of the body were healthy.

In this case, it is a matter of interest to inquire what was the cause of death. Into this question, however, I do not propose to enter, merely stating that I feel a difficulty in determining the point. The previous history was at the time acknowledged to be very imperfect; and to what extent pyæmia may have acted in producing the fatal issue (suffering as the patient was from granular disease of the kidney), I will not venture to affirm. I merely quote the case as proving how one may be misguided as to the nature of inguinal hernia, and as showing for how long a time a patient may wear a truss for such a tumour which is not a hernia, and what may be the injurious results of such a procedure.

THE NIGHTINGALE FUND. The abstract of accounts accompanying the report of this valuable fund for the support of a school for hospital nurses at St. Thomas's Hospital, and another for midwifery nurses at King's College Hospital, shows that the receipts for eighteen months, from June 24th, 1865, to December 25th, 1866, were £3068 : 0 : 6, and that a balance of £275 : 10 : 7 remained in the hands of the treasurer.