

amples. More than half of all known stars belong to this class. In these stars combustion is at its maximum, and their atmosphere consists of superheated hydrogen and certain metallic vapours. The second class, or yellow stars, has for typical representatives Capella and our own sun. They are less hot than the first class, and the hydrogen lines in their spectrum are not so conspicuous as in the case of the white stars. This class contains about 33·5 per cent of all known stars. The third class are the red stars, and of these Betelgeux is the representative. They are in a later stage of cooling than the second class, and the violet rays are deficient. This class includes about 8 per cent. of known stars. From these known facts it is conjectured that colour-blindness (or insusceptibility to the red rays of light) may possibly be a case of atavism—a "negative inheritance from that time long ago when the eye of our ancestors was not yet sensitive to red rays, which were almost entirely wanting in the white stage of the sun." This is a startling theory, but it suggests a plausible explanation of what is such a mysterious fact—viz., that colour-blindness should so uniformly take the form of insusceptibility to the red rays. Atavism is without doubt a principle of wide application, and may be fairly relied upon to explain many apparently inexplicable facts. We will not venture to pronounce upon the correctness of its application in the present instance, but at least the theory is a bold and ingenious one, and, if accepted, would tend towards that unifying of knowledge which is the aim of science. Colour-blindness, regarded as an isolated phenomenon, is mysterious, but if it be a case of atavism it takes its place in the scheme of ordered knowledge.—*Ed. Lancet.*

**NEW AND SPEEDY METHOD OF DILATING A RIGID OS IN PARTURITION.**—At a meeting of the Obstetrical Society of London, Doctor Farrar (Gainsborough) gave the details of two cases in which he had used a ten per cent. solution of cocaine as an application to the rigid os. In one case he had applied the cocaine after endeavoring vainly to relax the cervix by means of chloral, bromide of potassium and morphia, and the most persistent attempts at digital and mechanical dilatation, with and without chloroform. He decided upon incising the os, and used the cocaine to this end. After five minutes he introduced the finger as a guide to the scissors, and, to his surprise, found the os widely dilated. In the second case, a primipara, forty-eight years of age, he used every effort, as before, to produce relaxation, and waited three days before making the application of cocaine, which was immediately successful. In four minutes the os had yielded. He considered the dilatation to be due to the cocaine in both cases. Doctor Armand Routh said that Doctor Dibbs, of

Shankin, had recommended cocaine as relieving the pains of the first stage of labor, and that Mr. Head Moore advised cocaine and boric acid pessaries in cases of rigid os. He himself had found it useful. The president, Doctor G. E. Herman, said that two cases were rather a slender foundation upon which to base a conclusion, but if Doctor Farrar's results were confirmed by further experience, he would have made a valuable addition to our obstretic resources.—*The Lancet.*

**TREATMENT OF CHRONIC HYDROCEPHALUS.**—Dr. Raczyński concludes as follows with regard to the value of punctures in chronic hydrocephalus: 1. Puncture is not a dangerous procedure, if carried out under antiseptic precautions, and if the fluid is evacuated in small quantities at intervals of several weeks. 2. The employment of permanent drainage is more dangerous than evacuation of the fluid by puncture or even aspiration. 3. Although the results thus far obtained have not been brilliant, the statistics will improve when the operation is resorted to at an earlier stage, before much thinning of the brain substance has occurred. The most difficult question to decide is in what cases and at what period an operation is to be undertaken. It is known that some cases of hydrocephalus get well spontaneously, while others, with marked enlargement of the head, live for many years; on the other hand, if left to itself, the disease often gives rise to the most unfortunate results. By interfering too early the surgeon exposes himself to the reproach of having performed a perhaps harmless, but unnecessary operation; while by delaying it may be inefficient. According to the author's opinion, puncture is indicated in those cases in which in a previously healthy child symptoms of hydrocephalus rapidly develop; if a progressive enlargement of the head is distinctly noticeable; if marked bodily or mental impairment be threatened, in short; if we have everything to gain and nothing to lose.—*Oest. ung. Centralbl. f. d. Med. Wissench.; Internal. Jour. of Surg.*

"The meanest man I know of lives in Kansas," said a St. Louis physician. "He is a farmer, worth a cool hundred thousand. His wife was taken suddenly ill, and he came to town to consult me about her case. I told him that I could not prescribe intelligently without seeing the patient, but he declined to incur the expense of a visit. I charged him \$1 for the prescription, and he spent half an hour trying to beat me down to 90 cents. He made me write the prescription in English, then bought the drugs and compounded it himself to save the apothecary's fee. One of the ingredients was capsicum. He thought he had some at home, but was mistaken, and had to come back to town, a distance of four miles, for