

peculiarly qualifies it for serous effusion. In cases of cerebral disease, we are usually unable to check them before the period of effusion, which sometimes comes on with astonishing rapidity. Those medicines—*e. g.* calomel—given with the view of controlling the inflammatory action, have not sufficient time to reach the difficulty, even if we admit that they have the power to control it. The use of drastic cathartics, so long and so strenuously urged, is, to my sense, not only unphilosophical, but injurious. The irritation of the alimentary mucous membrane is added to existing difficulties, and complicates, without relieving the case.

In an inflamed brain, every irritation is felt with more than ordinary severity. It should be a maxim in these cases, to avoid unnecessarily distressing the patient. Consequently, blisters are less serviceable than in effusions elsewhere, and though the draft upon the fluids, which they occasion, is desirable, they should be avoided until the effusion is evident, and the capacity of pain in the cutaneous nerves is obtunded by the loss of cerebral sensibility.

To the iodide of potassium none of these objections apply, for no pain or irritation follows its use.

The theory of simple hydrocephalus would seem to be comprised in the following indications:

1. To combat the local inflammation by cold to the head, and the warm bath.

2. To promote the action of the kidneys, and thus to hasten the absorption of effused fluid.

3. To maintain a soluble condition of the bowels without the use of drastic or irritating medicines. For this purpose I prefer the aloetic enema, attributing to it a revulsive, as well as cathartic effect.

4. To counter-irritate and set up artificial discharges of serum.

While I have a reasonable conviction of the real efficacy of the iodide of potassium in simple hydrocephalus, the question must remain unsettled until a large number of cases is obtained. I am, however, convinced that should it be proved that it exerts no influence upon the disease, it will be found, also, that the previous modes of treatment are objectionable on other and stronger grounds, and treatment will be finally limited to the employment of external revulsives only.—*Buffalo Medical Journal.*

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*Tetanus Successfully Treated by Chloroform.*—By Glascott Symes, M.D., F.R.C.S.I., one of the attending Physicians to the Kingstown Dispensary.—On the 18th of August, 1853, I was called to visit a young gentleman aged twelve years, who was suffering much from paronychia of his left thumb, which I treated by incision. I did not see him again until the 25th of August, on which day I found him labouring under well-marked symptoms of tetanus; the muscles of the face, neck and abdomen were permanently rigid, and the other well-known symptoms of tetanus were present. The treatment usually adopted in tetanus was immediately put in force: thus, calomel and opium, &c., were perseveringly administered up to the 30th of August, but without any marked benefit, the disease still increasing, the spasmodic seizures becoming more frequent and violent; the muscles of the jaws were so rigid, the teeth were so completely closed, and the difficulty of swallowing was