bral protrusion of not less than two inches of cauliflower brain excrescence was there, and always on the increase. The orthodox thing was to shave it off, and keep doing it as it protruded. I had already been so near the base of the brain, that I avoided that *ex cathedrâ* method of dealing, and adopted another, and, I believe, *the* wise course—I *starved* the boy, and kept him in a sitting posture continuously, with the manual ice-cap pressure never intermitted; gave him ice-water and milk, and large doses of bromide of potassium. Within seven days of this my hopes began to be realized. The protruding, wagging cauliflower had got smaller. The line of ulceration between its base and the bone margin had given way to a pronounced development of the blue line of cicatrization. The union of the internal and external once established, like magic, the "hernia cerebri" was pulled back into his cage, and the wound healed in another week, and from start to finish there was never a bad symptom referable to the brain injury, except an irritable alteration of his temperament, and a very marked, very interesting, and very instructive want of word memory—"amnesic aphasia." The boy has, since then, except for the temporary discomfort of the irritation caused by the separation of spicular fragments from the margins of the fossa, never had a bad turn, and has for over ten years been doing ordinary work as a wood forester in the Duke of Atholl's estate service.—ROBERT WM. IRVINE, in *Edinburgh Medical Journal.*

Morton's Disease.—Bosc (*Arch. Gén. de Méd.*, July, 1894) begins a study of this metatarsal neuralgia. It is limited to the anterior part of the foot, and to the metatarso-phalangeal joint, usually of the fourth toe. The disease consists in attacks of pain, generally localised to this joint, but at times radiating to adjacent parts. The attack begins suddenly and the pain may be excruciating, the patient often feeling compelled to take off his boots. Walking is prevented, and the leg is flexed. The pain usually ceases rapidly on repose, but returns as soon as the foot is put to the ground again. The attacks have a variable duration from a few hours to a whole day. They may only recur at long intervals, but occasionally every two or three days. The attacks need not be so severe as described above, the pain being more dull. In the less marked attacks the pain may only produce a slight giving of the leg. There may be vague pain during the intervals, and much cutaneous hyperæsthesia. At times the disease may really be termed chronic. The attacks of pain may react on the patient's nervous system; he may become depressed, and is haunted by fears of further attacks. There is absence of any local sign of disease. In the case related here by the author there was, however, some redness over the plantar surface of the metatarso-phalangeal joint, and pressure here produced the pain. There was also marked hyperæsthesia.—*British Medical Journal.*

Spinal Caries—Dr. Alexander contributes a valuable paper on the subject of tubercular spinal disease in the *Liverpool Medico Chirurgical Journal* for January 1894. The paper is illustrated by twenty-four plates and notes upon the cases, and deals with the subject with great breadth of treatment. It is remarked how long in these cases life and *health* may be maintained, and how it is through interference with the viscera near the spine that life is chiefly threatened. In only one among fifty specimens was a piece of bone found to press upon the chord, and in no case did the curvature *per se* compress it; indeed, in many instances the canal is enlarged by the destructive process. Speaking as to treatment, Dr. Alexander advocates fixation by plaster-of-Paris jacket, applied after sufficient suspension to extend without putting strain on the spine. Children, he thinks, should, during the application lie prone in a Davy's hammock. If abscess forms it should be allowed to dry up under treatment by rest, and when this does not occur is to be opened by the thermo-cautery by a large wound, drainage being rarely used; great attention and frequent dressing are essential to prevent sepsis. Incision, with scraping out, and immediate suture he regards as having no advantage over aspiration, and not a satisfactory means of treatment. Attacking the seat of the disease with the view of removal is too uncertain a means of cure to be recommended, though loose sequestra should be taken away. Scraping the abscess or sinus is deprecated, as placing the patient in danger of general systemic infection.—*Edinburgh Medical Journal.*