October 8th: Patient died quietly, without any convulsion, this afternoon.

Sectio-cadaveris twenty hours after death.—The veins of the head were quite full of dark clotted blood. The ventricles contained a small quantity of greenish-coloured fluid. The cerebellum was adherent to the membranes at several points. The substance of the brain appeared to be healthy.

An examination of the chest revealed an old pleurisy of the right side, which had resulted in extensive adhesions. The pericardium contained about two drachms of fluid. The mesenteric glands were slightly enlarged; liver large but healthy; spleen very dark and shrivelled.

All these cases were regarded as hopeless by the time they came under my care; but they may be looked upon as good illustrations of hydrocephalus in its acute form. It is worthy of remark that in all of them there was distinct evidence of previous inflammation of the chest; while in two of them the mesenteric glands were found to be enlarged. These facts lead us to infer that the patients were of a weakly constitution, and that in cases I. and III. at least, there was a tubercular diathesis. Paralysis was not observed in any of these cases; but it ought to be remembered that frequently loss of muscular power in the arm or leg is the first recognizable symptom of approaching disease of the head. Cases have come under my notice in which a slight dragging of one leg, or a failure in the prehensile power of the hand, was the precursor of a fatal attack of hydrocephalus, and this symptom occurring in a child who has been previously healthy should always be regarded with suspicion. Squinting is another sign of grave importance in all intracranial affections; but in the three cases recorded above it was not present, although in Case 1 the pupils were unequally dilated.

TYPHOID FEVER IN CHILDREN.

In his "Clinical Records illustrative of the Diseases of Children," published in the *Dublin Press and Circular*, Dr. G. STEVENSON SMITH makes the following remarks on diet and treatment of typhoid fever in children:

With regard to the very important subject of diet we have merely to say that the patients are allowed sweet milk *ad libitum*, with small quantities of beef-tea occasionally, and this is all the food that is necessary. During convalescence, however, eggs are sometimes given, generally beat up in the form of flip. Solid food, such as beef, etc., is often productive of much evil, by being given too soon, and is a frequent cause of diar-