

made very useful in proper hands, and under proper direction. In the mother country it has become thoroughly established, and in certain diseases—especially skin diseases, and those originating from checked perspiration—it has been found a valuable remedy. We are aware that much prejudice exists among some against the bath, but we believe this is due almost entirely to ignorance of its real character, and to the fact that many have put it forward as a universal panacea for all the ills to which flesh is heir. To such we would strongly recommend a little work of about one hundred and fifty pages, published by McLachlan & Stewart of Edinburgh, entitled: "The Roman Turkish Bath," by James Lauric, M.D., L.R.C.S.E. It is an able little review of the entire subject—one on which all medical men should be well informed. Of course the bath, like every thing else, is not suited to all—hence it should never be taken without a physician's orders—or without previously seeking a physician's advice. The bath in this city is owned by Mr. Arthur W. Alloway, of Coté street.

ACCIDENT TO DR. PRESCOTT, R.A.

We have learned with much regret that Dr. Prescott, Royal Artillery, attached to the Battery now stationed at London, C. W., met with a severe accident early this month. He was out shooting, when his gun burst, shattering his left hand so severely, that it had to be amputated above the wrist. He is progressing very favourably. His many friends sympathise with him in his suffering, and wish a speedy recovery.

HYDROCEPHALUS.

The *British Medical Journal* says, that M. Bouchut, of the Children's Hospital, Paris, has called in the ophthalmoscope as a diagnostic agent in chronic hydrocephalus and rachitic state of the cranial bones. In chronic hydrocephalus, the early signs of the disease, he says, are often obscure; but the vessels of the eye always undergo appreciable modifications. In proportion as the serum accumulates in and compresses the brain, we find—1, an increase, of vascularity of the retina, with dilatation of the veins; 2, an increase of the number of vessels in the retina; 3, a complete or partial serous infiltration of the retina; 4, atrophy of the retina and its vessels; 5, atrophy, more or less marked, of the optic nerve. These lesions vary with the age of the disease and the amount of serous effusion. They result either from compression of the sinuses preventing the return of blood from the eye or from compression of the optic nerve within the cranium. But none of these lesions exist in rickets. In twenty-two children between five months and three years of age, exam-