in a cold room, to the nursery or kitchen, where he is subjected to heat and steam. A shawl thrown over the heads of nurse and child, as well as over the tea-kettle, is a ready method. The first whiff of steam relaxes the spasm, if the remedy has not already done so, and the crisis is past. The child should be detained in a warm room for the two succeeding days and nights, taking similar or smaller doses each evening upon retiring, and, if thought best, a few drops at intervals during waking hours.

By this method, the system is not relaxed with a tendency to contract additional cold, and I am sure it will supply a long-felt want to paterfamilias if not to his progeny.

Rest in Cardiac Affections.—Dr. T. Lauder Brunton, *The Practitioner*, believes that as a remedial measure, rest frequently requires to be absolute. As a preventive one it may be relative. The amount enjoined must be carefully proporsioned to each case, as in advanced mitral disease, when the power of the heart is failing, absolute rest gives satisfactory results, in that the circulation recovers its balance, the arteries become filled and the veins emptied, the dropsical effusion and venous engorgement of the organs disappear, and the patient recovers a fair amount of health. In cases of mitral disease incompetence may come about from :

1. Enlargement of the auriculo-ventricular orifice.

2. Thickening of the valves, or

3. Inco-ordinated action of the musculi papillares.

In the first case it may be hard to say if this be the sole cause of the regurgitation, without any obvious disease of the valves, as some disturbance of the relationship between the musculi papillares may tend to aid the regurgitation. In such hearts in growing boys and in chlorotic girls, comparative rest may be useful, and sometimes absolute rest may be almost essential. In some cases the former may be all that is wanted as a prophylactic measure. In chlorotic girls gentle exercise is advisable, but it must be carefully graduated, as exhaustion is likely to do harm. Massage must be useful, as it gives the patient exercise without putting any strain upon the heart. With a fatty heart gentle exercise may be advisable, as it may be more likely to bring about a healthy condition of the heart than absolute rest. When in mitral disease cardiac tonics, even pushed to their utmost limit, fail to give relief, then absolute rest becomes of great importance. Massage is of great usefulness in clearing out the body waste, quickening the flow of blood through the muscles and relieving the œdema, and the patient gets the advantage of the exercise without overdoing the heart. It also allows the treatment to be carried out more easily than it would otherwise be, for it removes the feeling of weariness and irritability, faintness and unrest of the patient.

Diagnosis of Chronic Hydrocephalus in Early Stages, Before Enlargement of the Skull has Occurred. *Boston Med. and Surg. Jour.* The difficulty in the diagnosis of hydrocephalus is naturally much increased when the collection of fluid in the ventricles has not yet led to enlargement of the skull. The diagnosis must then rest wholly on the clinical symptoms. Of these an exceedingly important one is the well-recognized spastic condition of the extremity muscles, which, however, varies within wide limits. This condition occurs not infrequently before the head has begun to enlarge, and especially in those cases in which an external hydrocephalus alone exists, or is accompanied by a collection of fluid in the ventricles. In cases of uncomplicated internal hydrocephalus the enlargement of the head is apt to occur at an early period in the disease, and so lead to an immediate correct diagnosis. Attacks of recurring eclampsia are of less importance than the more permanent spastic conditions. Congenital spastic rigidity of the limbs (Little's disease), is usually due to defective development or to diffuse sclerotic processes in the cortex, and may occur quite independently of hydrocephalus. Especially important in differential diagnosis are the following facts well stated by V. Ranke :

1. In congenital spastic rigidity the lower extremities usually are alone effected, whereas in hydrocephalus the arms are attacked as well, and at times even the muscles of the body.

2. The congenital spastic condition is usually first noticed when the child begins to walk ; the rigidity resulting from hydrocephalus, on the other hand, is for the most part an exceedingly