

may be looked for. The fault lies not so much with the antiseptics themselves as with the unscientific method in which they are often employed.

Increase of Baldness.

Prof. T. Wesley Mills criticises the theory (*Popular Science Monthly*) of Messrs Eaton and Govinlock, that the chief cause of baldness is constriction of the blood-vessels of the head by tight hats, and gives it only a partial acceptance. He considers that baldness is one more of the many warnings of our day, one of nature's protests against the irregular and excessive activity maintained in this restless age.

Terpin Hydrate.

In a communication on terebinthines to the *Lancet*, March 10, 1888, Dr. Prosser James says that terpin hydrate has only a slight taste, is rather insoluble, has no odor, and is solid. It may be seen as small needles when it spontaneously crystallizes from a mixture of turpentine and water, or may be obtained in large rhombic crystals by allowing alcohol (three parts), turpentine (four), and nitric acid (one) to stand in shallow dishes three or four days. It is dissolved in only small proportion by cold water or turpentine, but is taken up more readily by hot water, alcohol and ether. For this reason it is best given in pills or wafer paper. For small doses pills containing two grains each are convenient, and one can be taken every three or four hours. For larger doses, which should not be repeated so frequently, wafer paper is better. An emulsion may also be made, but this is not an agreeable method. The hydrate may, however, be dissolved in glycerine, and after solution an equal quantity of some syrup may be added. It is well to begin first with small doses, as these are sufficient to act upon the bronchial mucous membrane and also to affect the kidneys. It will be found useful in restraining the cough and secretion of bronchitis, and in stimulating the membrane to more healthy action, perhaps also disinfecting the sputa. Germain See has also found that full doses restrain the copious sputa of some cases of phthisis, and he met with no gastric irritation after long continuance of the drug; but others have not been equally fortunate. In some instances small doses seem to increase bronchial secretion. It has also been employed successfully in hæmoptysis.

NEUROLOGY.

Notes on the Principles of Craniometry.

Dr. Frederick Petersen read a paper on the above subject at a recent meeting of the New York Neurological Society. After a review of craniometric nomenclature, the reader stated that, while individual convulsions exerted no specific influence upon the bones of the head, the shape of the skull was modified in correspondence with the gross divisions of the brain beneath it. The left temporal bone was said to be depressed in congenital aphasia. In infantile spastic hemiplegia there was flattening of the side of the skull opposite the paralyzed part. Cerebral localization had been concerned mainly with motor and sensory functions. Ideational localization had yet to be developed. In his own opinion, the temporo-sphenoidal lobes, and perhaps the occipital, contained cortical centres for depressing emotions. Musical ideas and auditory memories had their origin in the temporal sphenoidal lobes. Benedikt had reduced craniometry to a science, showing that the skull was built up of crystallographic principles. The measurements taken should be sufficient to reconstruct the skull. Triangulation of the skull should be required in the asylums in the case of every patient, and in prisons in the case of every criminal. We are behind European countries in this matter. Even in Italy, fourteen measurements are required for asylum records. The reader thought that eleven measurements at least should be made: 1. The circumference of the skull. 2. The naso-occipital arc. 3. The naso-bregmatic arc. 4. The bregmatic-lambdoid. 5. The binauricular. 6. The antero-posterior diameter, taken from the glabella to the maximal occipital point. 7. The greatest transverse diameter. 8. The binauricular diameter. 9. The two-auricular-bregmatic radii. 10. The facial length. 11. The greatest height of the skull. Only a pair of calipers, a tape-measure, and a strip of lead two feet long were required. For more detailed measurements other instruments were necessary. Benedikt's calipers were recommended. The pathological and forensic importance of such measurements was shown by the fact that minimal and maximal dimensions were more common among the insane and criminal classes than among other people. The bregmatic-lambdoid arc was