afterwards. She was comatose. The scalp was cut in several places. Blood flowed freely from the mouth, nose, and ears; and there was subconjunctival extravasation. Two pieces of brain substance, each as large as a bean, escaped from the left ear with the blood. The left humerus and clavicle were broken, and the arms and legs much cut and bruised. Coma continued for several days. The bleeding from the ears, which persisted for some time, was followed by a serous flow. Consciousness gradually returned, and she slowly improved till complete recovery took place. Her hearing was deficient before the accident, caused by an attack of scarlet fever; the deafness is considerably more marked now, though not complete.

Selections: Medicine.

PROGNOSTIC SIGNIFICANCE OF THE TEMPERATURE IN VARIOUS AFFECTIONS OF THE CENTRAL NERVOUS SYSTEM.

BY OBERSTEINER.

In apoplexy the temperature is first lowered and for some hours, then for many is maintained between 37°.5 and 38°.5 (C). 99°.5 and 10°1.3 F.

The fall is considerable in cases rapidly mortal (as far as 35°). (95° F.) It persists or is followed by a quick and considerable ascent.

In embolism the initial fall is wanting or insignificant generally there is a rapid ascension, then return to the normal and notable oscillations. When the issue is going to be fatal we observe a slow ascension which, however, does not attain the high degrees of fatal apoplexy.

In epileptic attacks, the temperature rises to 38°.5 (C). 101°.3 F.

A quarter of an hour to a half hour after the end of the attack defervescence begins, which is completed only at the end of ten hours. Subintrant attacks cause the temperature to rise to 40° and 41°. (C). 104° and 105° .8 F.

In uræmic attacks the schema is very nearly that of apoplexy: fall at the beginning then hyperthermy and oscillations above 37° (C). (F°98°.6): Return to the normal.

The attacks of divers nature (epileptic, cataleptic, apoplectic, &c., that are met with in the course of general paralysis, would be annnouced two or three days in advance by a lowering of the température, one might then administer in time chloral, which, according to König, is capable of calming the convulsive crisis. During the attacks the progressive fall of the high temperature of the beginning is a good prognostic. A persistant exacerbation should make us suspect a fatal issue.—*L'Union Medical.*

HEITLER ON ACUTE DILATATION OF THE HEART.—After noticing the cardiac dilatation which gradually occurs when the compensation by hypertrophy for valvular disease ceases to be sufficient, Dr. Heitler says, that he has also, in many cases been able to diagnose an acute dilatation of the heart occurring suddenly and disappearing as suddenly. (*Wien. Med. Woch.*, 1882, No. 22.) This acute dilatation he says can be diagnosed only by prolonged and careful examination. It may affect all the cavities or only one, the left ventricle, or the left auricle alone, or only the right side of the heart. He records a case in which, from the physical signs, there was evidently dilatation of the right side of the heart, with great palpitation, anxiety, and cyanosis; the heart beating violently 200 times per minute, but giving a very weak pulse. Within five minutes, when he wished to demonstrate this condition it had disappeared along with the symptoms. The patient had mitral insufficiency with stenosis, and suffered frequently from such attacks. Dr. Heitler believes, that acute dilatation frequently occurs in the early stages of fevers, in endocarditis, anæmia, and Bright's disease.—*London Med. Record.*

Dr. Lambert Ott in the *Philadelphia Medical Times*, tabulates as a sign of tubercular meningitis extreme tenderness elicited on pressing the femur. He discovered this incidentally in one case and confirmed it in a second case, pressure upon other portions of the extremities causing no distress whatever.