

Evident paralysis of the right upper and lower extremities. Left angle of the mouth drawn downwards.

July 2nd.—The child continued in much the same state as mentioned above, till to-day, when it began to show some signs of sensibility.

July 3rd.—Much better. Still improving. Is eager for food which he carries to his mouth with his left hand. Paralysis still complete. Swelling over left frontal region seems to be increasing. Bowels open freely.

July 6th.—Seems still to be improving. Moves the right arm occasionally.

July 19th.—The swelling over the left frontal region very large; fluctuation quite perceptible. Mr. Erichsen to-day consulted with Dr. George D. Gibb, formerly of Montreal, who happened to be in the ward, as to the propriety of puncturing the tumour. It being deemed advisable, Mr. Erichsen punctured it with a small trocar, and let out about two ounces of pale yellowish fluid, slightly tinged with blood.

July 20th.—Much worse; passed a very uncomfortable night; still restless; pulse very feeble.

July 21st.—1 P. M. The child is in strong convulsions; left side moved almost entirely; right pupil largely dilated, compared with the left. Tumour on head very tense. Hot bottles were ordered to the feet, and cold to the head. The tumour was again punctured. The child remained in this condition till the following day when it died.

Autopsy—On cutting into the swelling a large quantity of fluid escaped. The bones of the head were very thin. There was a fissure about a quarter of an inch wide at the junction of the squamous portion of the left temporal bone with the parietal; this fissure extended forwards into the temporal bone, till within an inch of the edge of the orbit. There was a large quantity of fluid in the ventricles.

Salivation without taking mercury.

In July, 1861, a healthy woman, aged forty, applied to Mr. Bryant at Guy's Hospital, with profuse salivation. It came on suddenly, with "a rush of water to her mouth." Subsequently, swelling of all the salivary glands appeared, with a profuse discharge of saliva. Ulceration of the gums followed; the mercurial factor was strong; tongue swollen, with the other symptoms of salivation. No medicine whatever had been taken before the attack. Mr. Bryant ordered five grains of chlorate of potash to be taken three times a day in an infusion of gentian, and a lotion of chlorate of potash, two drachms, to the pint of water to be applied. On the employment of these means the symptoms speedily disappeared.

Protrusion of the Eyeball from Suppurative Inflammation of the Orbital Areolar Tissue.

The question of the pathology of protrusion of the eyeball is certainly yet very obscure. Dr. Macdonnell of this city, has given to the profession the idea, (certainly true in some instances), that a certain disease of the heart is indicated by prominent eyeball and enlargement of the thyroid gland. The following case was pointed out to me at St. Bartholeinew's Hospital in the end of July last. It