

however persisted, the fluid having all the characters of cerebro-spinal fluid.

The author regards his case as one of acquired hydrocephalus. Some of the symptoms suggested a cerebellar tumour — the nystagmus, ataxy and the reeling gait. The protracted course of the symptoms was, however, more suggestive of hydrocephalus than tumour.

Although the channels followed by the escaping fluid must remain a matter of surmise, it seems probable that the fluid after escaping from the lateral ventricles forced its way forward and along the lymph channels of the olfactory nerve to the nose, an hypothesis which gains some support from the fact that there was anosmia of that side.

Schwab and Green's case was a woman of 32, whose chief symptom was a continuous watery discharge from the right nostril. Eight years previously she suffered for a year from fatigue, frequent headaches, insomnia and inability to work. Four years later there was a sudden paralysis of the left leg, whilst the rhinorrhoea started two years later, being a continuous dripping from the nose of fluid having the characters of cerebro-spinal fluid.

Examination showed evidences of neurasthenic hysteria and there was post-neuritic atrophy of the optic nerves and limitation of the visual fields. The visual acuity of both eyes was well preserved, and the pupils were large and reacted to light. The writers regard optic nerve injury as probably present in a majority of the cases, if, indeed, it is not an essential feature of the disease.

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C. J. MARTIN. "Remarks on the Determination of Arterial Blood Pressure in Clinical Practice. *Brit. Med. Journ.*, p. 865.

The estimation of the arterial pressure by the finger is liable to considerable error. The amount of pressure required to obliterate the artery is estimated by the muscular sense, and a perfectly educated muscular sense gives a good idea of the force applied. A much greater degree of pressure is required when a large area is compressed, hence the force used is much greater in the case of a large artery. Although the pressure in the small carotid of a rabbit is approximately equal to that of the larger one in the dog, yet a much greater degree of muscular pressure is required in the latter instance to obliterate the pulsation.

The writer believes that the systolic pressure only can be taken accurately without opening the vessel. The degree of pressure required to compress the artery itself is very small, about 2 mm. in a healthy vessel, and 5 mm. in arterio-sclerosis; this fact is easily demonstrated by an experiment which is described and figured.