

**Chlorobrom in Sea-Sickness.**—Hutcheson (*The Lancet*, August 12, 1893) states that he used chlorobrom in all cases of sea-sickness to which he was called while ship's surgeon to the steamship *Rimutaka* during a voyage to and from New Zealand, and speaks of its action as follows:—He always gave it in three-drachm doses in the second stage of this distressing ailment when retching, headache, depression, and sleeplessness were the prominent symptoms, the hour selected for administration being 10 p.m., in order to secure a good night's rest. The results were very satisfactory. The chlorobrom was always retained, and was always followed by sleep (generally sound). The patients awoke much refreshed in the morning, with an appetite, and able (except on one occasion), to eat and retain something light.—*The Therapeutic Gazette*.

**The Relationship between Myxœdema and Exophthalmic Goiter.**—At a meeting of the Société de Liège, held a short time ago, Canter (*Annales de la Soc. Méd.-Chir. de Liège*, January, 1894, No. 1, p. 12; *Rev. Int. de Bibliog. méd., phar. et vétérin.*, 1894, No. 8, 133) presented a case of myxœdema in a woman, forty-two years old, successfully treated by the administration of thyroid gland of the sheep in doses of a quarter or half a gland or more daily. The treatment was attended with nausea, vomiting, and weakness, when large doses were employed, but more remarkable was the fact that the frequency of action of the heart increased from 76 to 126, while palpitation became apparent; there was also sleeplessness, tremulousness, and profuse perspiration. The opinion is expressed that the symptoms of exophthalmic goiter are due to an intoxication of gastro-intestinal origin, as a result of which the secretion of the thyroid gland is increased, with the development of the characteristic symptoms of the disease, just as they occur after the therapeutic administration of the gland. It has further been observed that the administration of thyroid gland in cases of exophthalmic goiter is attended with an aggravation of the symptoms. In the course of time the thyroid gland undergoes degeneration or atrophy, as is the case with all glands that are subjected to morbid hyperactivity.—*Medical News*.

**Cerebral Abscess.**—Moulin C. Mansell (*Brit. Med. Journ.*) related this case to the Clinical Society of London. A boy, aged fourteen, received a blow upon the right mastoid region. Headache supervened, and an abscess was opened (superficial to the periosteum) with relief. A week later the abscess was reopened and the periosteum incised again with relief. Some days later symptoms of cerebral pressure, with right optic neuritis came on. The skull was trephined over the temporo-sphenoidal lobe: the dura was healthy, but bulged into the wound. A trocar and canula were inserted in various directions without result. The bone was then removed from over the cerebellum, and an exploration carried out then with equal want of success. Finally, a few drachms of fluid were drawn off from the descending cornu of the lateral ventricle through the temporo-sphenoidal lobe, and pulsation returned. Twenty-four hours later the patient died comatose. Post mortem: a very old encysted abscess was found in the left temporo-sphenoidal lobe. Nothing else abnormal was found. The abscess must have been latent for a long time, and suddenly roused into activity by the blow.—*Archives of Pediatrics*.

**Hæmatoma of the Sterno-Mastoid Muscle in an Infant.**—F. G., an infant of five weeks, was brought to the Polyclinic on March 10th. A few days ago before a small mass had been noticed on the left side of the neck. It was detected by the grandmother and had not until then been observed by the mother. The child had been delivered with instruments. The mark of one blade was still visible on the right parietal bone. A scar under the ear and on the angle of the jaw showed clearly where the other blade had engaged. Great tension must have been placed upon the sterno-mastoid muscle of that side, sufficient, undoubtedly, to rupture some of the fibres of the muscle and small blood vessels. Examination revealed a small fusiform mass within the muscle. It was semi-solid and moved only as the muscle was moved. It was not red nor inflamed, and caused no pain whatever when handled. It had evidently never given the child any discomfort. Failure to detect the mass, which had unquestionably been present since birth, was readily explained by its small size and lack of sensitiveness. No