

the operation. Nor could it have been a case of *clavus hystericus*—the optic neuritis showed it was more than mere nervous disturbance. Hence the only conclusion we can come to is, that it was a case of congenital thickened cranium, and that the climacteric period produced vasomotor disturbance of a chronic nature sufficient to increase the intracranial pressure.

Second: As to the bandage around head to lessen hemorrhage from the scalp it acted well in this case, but Starr, in his "Brain Surgery," pronounces the bandage a failure. There is need, however, of some means of controlling hemorrhage, as we found in a recent case of trephining in which much delay was incurred catching up the blood vessels in which we used no bandage. Weir suggests four needles at right angle, to one another surrounding the field of operation.

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MICROSCOPY IN DIAGNOSIS.

TO THE routine *prescriber for symptoms*, questions of diagnosis give little trouble, except in the matter of answering the inconvenient diagnostic questions of the patients' friends. However, no physician who is at all conscientious, but will have at least a provisional working diagnosis in every case upon which to base his therapeutics; and will endeavour as soon as possible to place this working diagnosis on a scientific basis, *i.e.*, make a scientific diagnosis of his case. For such a scientific diagnosis in many cases more will be needed than the simple clinical examination and the use of the ordinary or "rougher" chemical tests for the excreta. In very many cases it is essential to call in the aid of "finer" chemical tests, and particularly the aid of the microscope. In these days no physician's outfit should be considered complete unless it contains such an instrument, and no man should now consider himself fitted to enter upon the practice of medicine who has not a working knowledge at least, of this instrument. That scientific diagnosis is recognized as essential