

The anterior fontanelle closed when he was eighteen months old, and the sutures had ossified at the usual time. The measurements of the head gave twelve and one-half inches from the glabella toinion; thirteen and three-quarters inches over the biauricular line; twenty inches around the fronto-occipital line. On the 4th of December, 1888, the author operated upon the case. Under the most careful antiseptic precautions, with a trephine about one centimetre in diameter, a button of bone was removed from over the coronal suture, about one and one-half inches to the right of the median line. A very delicate trocar was passed through the dural membrane into the brain-substance, downward, backward, and inward, to the depth of one and one-half inches, the object being to pierce the central cavity of the right lateral ventricle. About an ounce of a clear limpid fluid, closely resembling cerebrospinal fluid, was evacuated, and, as the trocar was withdrawn, a small quantity of the same kind of fluid escaped from the subdural space. For several days the same fluid continued to ooze from the puncture in the dura, and it was estimated that from four to eight ounces was thus discharged.

The case progressed satisfactorily. In two or three days he could stand alone, and he was gradually able to walk alone across the room, which he did in about three weeks. There was a partial restoration of sight. He became more attentive and seemed to understand better. He was less irritable and he slept well. The rotary movements of the head ceased. However, there was no development of speech, nor were the sphincters under any better control. The author believes that more fluid will have to be evacuated, as the patient is not quite so active now as some time after the tapping.

The chief difficulty lies in our inability to determine which cavity to evacuate. For instance, if the fluid resides in both cavities, and the normal openings between them, through the foramen of Majendie, and those behind the roots of the glossopharyngeal nerves be closed by inflammatory exudation, or the presence of a tumor, then to tap only the subdural space would remove the external pressure, and allow such an expansion of the internal fluid as would perhaps lacerate the brain-tissue. Or the same effect might be produced by evacuating only the ventricular fluid. This may have been the cause of death in some of the reported cases.—Dr. Ayers in *Am. Lancet*.

**CYSTITIS.**—One of the commonest ailments among women which the general practitioner is called upon to treat, and which seems to be peculiarly prevalent in this class of patients, is a troublesome cystitis, due possibly to derangements of the pelvic circulation. Not rarely a very considerable amount of difficulty is experienced in over-

coming the affection, which not only disturbs the rest of the sufferer, but often also very seriously affects her mental state, causing her to be irritable, nervous, and a source of discomfort to all around her. For the treatment of such cases, resort has been had to innumerable remedies, and success has been claimed in this connection for the most dissimilar drugs and methods. Most frequently the cause of the distress is a vesical catarrh, the cure of which affords more or less complete relief of the condition. At other times the treatment which is found to be called for is constitutional rather than local; and cases are also met with that necessitate a union of both procedures. To this probably it is attributable that the recommendations of different practitioners cover so wide a range of ground; while it explains, too, the reputed success of those who claim to have met with good results from the employment of medicines newly introduced into the Pharmacopœia. The drug most lately reported as being curative of the form of cystitis in question is salol; and three obstinate cases which were completely cured by its administration are described by Dr. Abbot in the *Boston Medical and Surgical Journal*. Each of the patients had been suffering for a considerable time, and had been treated with palliative means with more or less success, but without any permanent relief being obtained. The dose of salol given was ten grains three times a day, and in each, marked improvement of the symptoms was very speedily observed. One most satisfactory feature in the history is the rapidity with which the cure was effected, a week or ten days sufficing to bring it about in all three instances. When we remember that even months of treatment by other means may terminate in disappointment, it may well be considered that a method which promises so favorably deserves the widest possible trial, and no doubt the usefulness of the drug in question will soon be tested on a larger scale than has hitherto been the case.—*Medical Press*.

Not long since, while reading a history of "provings" of *Nux Vomica*, we learned that the patient was despondent and buoyant alternately, and that he had a desire to talk about his condition. Constipation, and an occasional sticking pain in the right ear, and a sensitiveness of strong odors were also noticed. He had pimples on his chin, and his dreams were full of bustle and anxiety. On going upstairs he was anxious to get to the top. As we had previously observed that the same symptoms followed the use of pumpkin pie, with the exception that the patient tripped up on a dust pan on the last stair when going down, it occurred to us that pumpkin pie should be added to the pharmacopœia.—*New England Medical Monthly*.