5. Biparietal diameter, or greatest width posteriorly, $9\frac{1}{2}$ c.

6. Bitemporal diameter, or least width anteriorly; from the rise of the parieto-frontal suture on one side to that of the other, $8\frac{1}{2}$ c.

7. Bimastoid diameter, $7\frac{3}{4}$ c.

Greatest circumference at the plane of the greatest antero-posterior diameter, 38 c. 12. A smaller circumference on the plane of number 4, 32 c.

In comparing the figures obtained in the different series, MM. Budin and Ribement have found that the diameters are increased in proportion to the weight of the foetus, that it is not the sex but the weight that causes variation in the size of the head.

The length of the body increases with the total weight of the infant. They also found with regard to the male infants the figures 41 c. 3, 45 c. 7, 47 c. 1, 49 c., 50 c. 2, 51 c. 1, corresponding to the classes A, B, C, D, E, and F. Among the females there was an analogous progressive increase.

To conclude, the increase of the diameters of the head and the increase of the length of the body are proportionate to the weight of the foetus. Taking the Class B, weighing a little more than gr. 2000, and the Class F, weighing a little more than gr. 4000—that is nearly double—they find the diameters of the head of the last series measure one centimetre, sometimes two centimetres more.

A. R. URQUHART.

American Neurological Notes. J. H. SCARFF, M.D., publishes (*Virginia Medical Monthly*) four cases showing the value of chloral hydrate in obstinate vomiting of pregnancy. The method of administration is, 20 grains in solution night and morning, till 4 doses have been administered. In the same Journal chloral is referred to as having been successfully employed in cases of retention of urine, also associated with pregnancy. What we already know of chloral leads us to anticipate that in all such reflex-neuroses the drug is likely to be of great service.

Dr. Cullen, quoting from the *Italian Medical Gazette*, Venice, states that in hysterical and hypochondriacal affections camphor has been shown to be a powerful hypnotic. This statement, which many who have used camphor largely without arriving at such a favourable conclusion may be inclined to doubt, may have been justifiably made, as the camphor was dissolved in olive oil and administered hypodermically. It is highly probable that this time-honoured

drug has recently suffered much in reputation, owing to the difficulty experienced in exhibiting it in a soluble form. Camphor dissolved in olive oil and administered hypodermically might be well worthy of a careful trial in the sleeplessness of simple mania.

Kunze treats cases of epilepsy of long standing with curare. He uses a solution of 7 grains of curare in 75 minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects subcutaneously about 8 drops of this solution. In various cases in which convulsions had occurred for several years, he obtained "a complete cure" after 8 or 10 injections.

Dr. T. Kennald publishes in the *New Orleans Medical and Surgical Journal* some excellent observations on sunstroke, based mainly on the 1873 epidemic in St. Louis. The fatal temperature began somewhat suddenly on July 10th, and continued without much intermission for about ten days. During this period the total mortality from all causes was 499, and 154, or 31 per cent. of these deaths was caused by sunstroke. It is notable that many more deaths were assignable to extreme heat, though not directly due to sunstroke. Thus there were 50 from *cholera infantum*, 17 from apoplexy, 40 from convulsions, and 34 from other diseases of the brain and nervous system.

Nervous exhaustion from exposure to an excessive degree of heat is maintained to be the true meaning of sunstroke, and humidity of the atmosphere is not admitted to have any share in the production or prevalence of the stroke. Neither is an intensely dry atmosphere required, the sole requisite being the uninterrupted continuance of high temperature.

Dr. Kennald does not seem to have directed his attention to the question of modifications in the potency of chemical rays as distinguished from mere high temperature; but he states that after the commencement of an epidemic many deaths occur on cloudy days in the shade, where the temperature does not range very high. "Persons debilitated by age and worn out from grievous sickness are often overcome by heat when they have not been exposed to the sun's rays at all, which proves that death is due to nervous exhaustion from the heat, and not to insolation." To some who have suffered severely in spirits and prospects from the prolonged absence of sunshine, the study of mortality from sunstroke may yield a lugubrious form of satisfaction.

Dr. Daniel Clark comments (*Canada Lancet*) on a statement said to have been made by Dr. Hammond, that he was in favour of punishing insane people just as he would a tiger who went about destroying people. If a lunatic had a homicidal mania, he would hang him. He would hang lunatics who had a mania to kill, even were that deed not performed. Dr. Hammond, if he is rightly reported, treads on dangerous ground. If such are his views, would he not be regarded by many as having a "mania to kill"; and run the risk of being treated like an American Haman?

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