an apartment filled with a similar atmosphere, the disease may be prevented.

6. The occurrence of bad symptoms is not to become a cause of despair.

In the same formula as above, Dr. R. directs the use of the carbolic acid in cases of diphtheria, but not by inhalation. It is to be directly applied to the seat of the disease by means of a hair pencil. At the same time the patient is to use as a gargle 10 to 15 drops of the above mixture to a tumbler (*grosse tasse*) of water. Previously to the introduction of this treatment nearly all Dr. R.'s cases of diphtheria terminated fatally; since its introduction, they have all run a favourable course.—*Centralblatt f. d. Med. Wissenschaften*, Sept. 17, 1870.
D. F. C.

21. *Tubercular Deposit in the Cerebellum*.—Dr. SIMPSON read to the Manchester Medical Society, notes of a case of cerebral disease of much interest. The patient was a boy aged 14, who, up to the end of 1869, had enjoyed good health, and whose family history was satisfactory. About Christmas he began to complain of severe shooting pain at the back of the head, intermittent in character, and at times so severe as to make him scream out. Soon afterwards he began to vomit; at first in the morning, but subsequently also after his meals. The vomiting was unaccompanied by nausea. His bowels became very costive. He continued in this state for some time, when, about the middle of April, he began to have a dull heavy expression, and also showed some difficulty in walking and articulating. It soon became evident that his sight was becoming impaired, and though he remained fairly intelligent, his memory became very defective. There was slight paralysis of the internal rectus of the left eye. The symptoms gradually became worse. His gait was not that of paralysis, but of want of co-ordinating power. On July 25th, his eyes were examined with the ophthalmoscope, by Mr. Windsor, who reported a large and swollen condition of the optic disk, with no distinct boundary, a swollen and tortuous condition of the veins, and other evidence of intracranial pressure. His progress was steadily downward, and he died on September 17th, comatose. At the *post-mortem* examination the head only could be examined. The veins of the dura mater were turgid, and the visceral arachnoid rather thick and opaque; and there were several ounces of slightly turbid cerebro-spinal fluid. There was a little lymph about the optic commissure and anterior margin of the pons. The venæ Galeni were very turgid. The whole brain substance was softened, particularly the parts at the base. Both lobes of the cerebellum contained numerous yellow masses of tubercle, varying in size from a pea to a marble. No tubercle was found elsewhere in the brain, and during life there was no evidence of its presence in any other organ. Dr. Simpson referred to the question of diagnosis, and discussed particularly the differential diagnosis of tubercle and hydatid cyst of the brain.—*British Med. Journal*, Oct. 22, 1870.

22. *Tubercle of the Spinal Cord*.—Dr. EISENSCHITZ, in the *Jahrbuch f. Kinderheilk.*, iii. 2, 1870, reports the case of a male child, 3½ years old, who after suffering for some three days from severe headache and wakefulness, was seized with partial paralysis of the lower extremities, and of the urinary bladder. There was diminished sensibility of the paralyzed limbs; with complete insensibility of all the parts below the eighth dorsal vertebra, rendering the child, otherwise endowed with great irritability of constitution, perfectly passive under the most painful manipulations of the parts thus affected with analgesia. The activity of the reflex nervous functions were altogether unimpaired. Decubitus was in consequence maintained. At the end of six weeks death ensued. The examination of the body after death revealed the existence of a condition of general tuberculization. Throughout nearly the entire extent of the cerebral pia mater there was a diffusion of milary tubercles. Two cheese-like tumors, the size, nearly, of beans, were found imbedded in the right hemisphere of the cerebellum, and a similar tumour of the size of a pea in the spinal marrow, towards the lower part of its dorsal portion. That at this part of the cord there existed a lesion of, at least, the gray portion of, the cord, was very evident during the lifetime of the patient. The white substance of the cord