

ingitis with sero-purulent exudation on the surface of the brain.—*Ed. Med. Journ.*, Aug., 1858, from *Prager Vierteljahrsschrift, f. d. Prakt. Heilk.*, 1858.

24. *Incubation of Measles.*—The period of incubation of measles has been variously estimated. Dr. KERSCHENSTEINER, Assistant in the Munich Hospital for Children, has endeavoured to fix it by observing the day on which the eruption appeared on the second affected child of a family, reckoning from the day it appeared on the first; and only such cases were collected and tabulated as could be clearly shown to have no communication with any other measles patients. Of 37 cases so collected, the eruption appeared in 34 between the 10th and 12th day.—*Edin. Medical Journal*, June, 1858, from *Bayer. aerztl. Intell.*

25. *Inversion of the Body for the Relief of the Symptoms produced by the Passage of a Renal Calculus along the Ureter.*—Prof. SIMPSON exhibited to the Edinburgh Medico-Chirurgical Society (May 5, 1858) a small oblong renal calculus, from a patient who had passed them at different times, and always suffered terribly during their transit from the kidney to the bladder. This patient had been now twice relieved of the agonizing symptoms accompanying the passage of the calculus by inversion of the body. Prof. S. had subjected her to this treatment in consequence of his belief that the passing calculus, falling down into, and becoming impacted in the ureter, acted at its point of arrestment as a pea-valve, and by its accumulating the urine above, or in the pelvis of the kidney and higher portion of the ureter, led to the accompanying distress by the morbid distension of these portions of the urinary ducts. When the body was inverted, and the affected side manipulated, the calculus probably fell backward, and consequently upwards, by its own gravity. At all events, whatever be the explanation, the practice in this and in one other case had immediately relieved the patient. He had seen partial relief from changed position in one case also of gallstones. Position was a more important therapeutical agent than was generally supposed, not only in medicine, but also in surgery and therapeutics. Several years ago—and shortly after the famous case of Mr. Brunel—Dr. S. saw, with Dr. Patterson and Dr. James Duncan, a case in which a shilling passed into the windpipe, and where upon inversion of the patient the shilling fell back into his mouth, thus saving the patient from the operation of tracheotomy. Dr. Duncan had published a full account of the case. In prolapsus of the umbilical cord in labour, the mere gravity of the cord in the usual supine position of the patient was no doubt one great cause of the difficulty of retaining it in utero, above the head or presenting part of the child, when once returned. But some late cases and observations proved that the return and retention of the cord could be effected with comparative facility, if the aid of position was called in, and the patient was placed upon her face, or upon her hands and knees, till the presenting part filled the brim of the pelvis; for in this prone position the cord gravitated toward the fundus uteri, instead of towards the os.—*Edinburgh Medical Journal*, July, 1858.

26. *The Diagnosis of Deafness.* By Dr. ERHARD, of Berlin.—By careful observation of many cases of normal hearing, or of one-sided deafness, the author came to the conclusion that almost every possible alteration of the external passages or of the tympanum, if not excessive, might coincide with perfect audition. He even observed a case of congenital absence of the membrana tympani, together with that of the malleus and incus, without perceptible influence on the power of hearing. He was, therefore, led to seek for new and better diagnostic marks in the phenomena of audition itself, as manifested in the deaf. With this view he employed a series of watches, of varying intensity of stroke. For normal hearing, four conditions are necessary: 1st. Complete integrity of the acoustic apparatus; 2d. Complete integrity of the nervus acusticus, from its central origin to its finest peripheral branch on the scala tympani; 3d. Complete integrity of the organic dynamic relations of the auditory apparatus; 4th. Complete integrity of the sensorium. Any alteration in these conditions produces a corresponding alteration in the power of hearing.

As every material conducts sound more or less perfectly according to