

filled up, while those in other parts were much diminished. In again using the trocar, only an ounce of fluid was discharged. On the 5th of October, I inserted the trocar near the part I first punctured, and introduced it as far as the meninges, but only half an ounce of fluid passed through the canula ; I therefore re-introduced it, and entered it obliquely, about an inch and a half in the direction of the ventricle, and upon withdrawing it, nine ounces of serum were discharged in a continued stream. The wound was closed, and a roller applied tightly around the head. Immediately after the water was discharged, the pulse became feeble, and she was faint and weak ; but during the evening she fell asleep, and awoke an hour afterwards apparently much refreshed. To my great surprise, not one unfavorable symptom followed. The pulse indeed became more regular than it had hitherto been, the startings during sleep were not so frequent, and she appeared in other respects better, with the exception of her bowels, which continued to discharge stools of a dark green color. She continued to improve for nearly three weeks afterwards, when her former symptoms gradually returned, and an obscure fluctuation could be perceived by pressing with the fingers above the anterior bregma. Small doses of calomel were administered till the mouth was affected, which shortly produced an absorption of the fluid, and a removal of all the hydrocephalic symptoms. Since then, she has had no relapse, and has enjoyed almost uninterrupted good health. She is a stout and lusty child, and her size uncommonly large for her age. The bones of her head are now complete, excepting the anterior opening, which is closing. The size of the head is less by four inches in circumference, and two and a half across the vertex, than it was previously to the first operation. With the exception of Dr. Conquest's two cases, I am not acquainted with another in which the ventricle has been punctured for the relief of water in the head. In the cases of Rossi, and Dr. Vose, the water between the membranes only was evacuated. An opinion is entertained by several, that this operation is not only a very dangerous, but an extremely doubtful one. I trust, however, that the result of these cases will prove that such fears are in a great measure groundless, and that, under favorable circumstances, the chance of cure is such as to justify its performance.—*Edinburgh Medical and Surgical Journal*, July, 1832.

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II.—*Case of Chronic Hydrocephalus cured by Puncture.* By Professor GRAEFE, of Germany.

A boy, whose head from birth had been preternaturally large, but who was otherwise healthy, was, at four months old, admitted into the University Hospital at Berlin : he was then pale without being emaciated, and well made. The head, however, showed symptoms of chronic hydrocephalus ; the face was small in comparison to the cranium ; the hair was fine, light-colored, and very thin ; the fontanels were widely open, and the sutures unclosed ; the bones of the skull mobile, thin, and little advanced in their ossification. The greatest circumference of the head was eighteen inches and a quarter. Fluctuation could be perceived

every where, and especially at the anterior and posterior fontanels ; when pressure upon one of which was made, the other presented a hard translucent tumor. Not any of the medical means employed had the least salutary effect, and hence M. Graefe determined to try whether puncture would afford relief.

Having compressed the great fontanel so as to determine the fluid towards the small one, he introduced a moderately-sized cataract needle, at first vertically into the fontanel close to the side of the bone, and then, giving it an oblique direction, carried it onwards about a third of an inch. The liquid, which was viscid, dropped out but slowly ; the operator, therefore, withdrew the cataract needle, and introduced in the same way a fine trocar, and, as soon as the canula was opened, a transparent yellowish brown fluid gushed out in a free stream. In about half a minute the canula was closed, with the intention of subsequently re-opening it after the lapse of a few minutes, which was done several times, the skull being, during the whole period, gently compressed by the hands of an assistant applied on either side. When twelve drachms of the fluid were discharged, the infant's eyes became suddenly dull, the pupil contracted, the countenance pale and altered, and the action of the heart and the pulse more feeble. The canula then was immediately withdrawn, the wound closed, and the head compressed by the application of strips of adhesive plaster.

These symptoms did not disappear for several hours, notwithstanding the exhibition of stimulating medicines, which were prescribed ; and the child remained restless, slept little for the two following nights, cried much, and took the breast but seldom.

The same symptoms occurred after each subsequent operation, but it was found that the child became completely restored in about ten or fourteen days. At first only about twelve drachms were evacuated after each puncture, subsequently twenty were discharged. Between the earlier times of operating, the little patient took, morning and evening, the eighth of a grain of calomel, and the sixteenth of a grain of foxglove ; but this powder causing nausea, it was changed for two or three grains of calomel with magnesia, to be taken twice a day, two or three times a week, the head being bathed assiduously with squill, vinegar and water, just warm ; for after cold applications, which were tried several times, the infant was always uneasy, pale, and faint, inasmuch that convulsions were feared. The head diminished in diameter two or even three lines after each operation, and by degrees the dimensions of the skull were reduced to a conformity with the face and the rest of the body. The fluctuation and the mobility of the cranial bones diminished, the sutures closed, and the general state of the patient was improved. The punctures were repeated eleven times at the following periods during the year 1829 : viz. the 8th, 15th, and 23d of January ; 19th of February ; 5th and 19th of March ; 19th and 27th of April ; 5th and 17th of May ; and 23d of June. The liquid evacuated became thicker and more coagulated towards the end. After the last operation, on the 23d June, no further fluctuation was perceived ; the little fontanel and all the sutures were closed, the great fontanel alone remaining slightly open. The

child grew, and even after the third operation it had already a better appearance, and after the ninth it began to articulate certain words, and also to walk : at ten months old it ran alone, and spoke as well as children of that age usually do. At the end of June, its head measured in the greatest circumference eighteen inches and three quarters.

On the 26th of November, 1830, the child, being then two years and a half old, was alive and well, and was presented to the Society of Medicine at Berlin.—*London Medical and Physical Journal*, from *Graefe and Walther's Journal des Chirurgie*, &c. Bd. 15.

### GENERAL DROPSY.

*Case of General Dropsy.* By CHARLES C. HILDRETH, M. D. of Marietta, Ohio.

BETSY KING, a strong, robust, hard-laboring woman, about fifty years of age, began to complain of difficulty of breathing, and enlargement of her lower extremities, a few days after falling into a stream of water.

These symptoms had been gradually getting worse for about six weeks previous to my seeing her, occasionally yielding partially to evacuants, digitalis, &c. which had been prescribed for her by other physicians. When first called to see her, I found her sitting in an arm chair, which she had not been able to leave for some time previous ; breathing laborious, slightly asthmatic, and crepitant ; complains of great weight and oppression in the chest ; dry and troublesome cough, and deficient expectoration. To these symptoms were added an almost total suppression of urine, and slight mental alienation.

Her lower extremities were distended almost to bursting ; slight vesications had already appeared, indicating an effort of nature to diminish the distension. The skin felt cold to the touch, hard, and resisting to pressure.

So great to me appeared the cellular infiltration, that to satisfy my curiosity and avoid exaggeration, I took the trouble to measure it ; this I did by applying a string around the bellies of the gastrocnemii muscles ; which again applying to a scale I found to measure nearly twenty-six inches.

Her pulse was full, hard, and tense, evidently indicating venesection, to which operation she however refused to submit, urging her feelings of weakness and the severity of the preceding course of treatment.

Thinking perhaps her sanguiferous system might be sufficiently reduced by active hydrogogue cathartics, &c. to render the absorbent system sufficiently active, I commenced the treatment by the following prescription :—R. Sup. tart. potass. ʒii. ; Pulv. jalappæ, ʒi. ; Nit. potass. ʒi. ; Gambogiæ, gr. vi. Of this compound, one teaspoonful proved sufficient to procure five or six copious, fluid alvine dejections daily. To remove any visceral engorgement that might exist, and stimulate the kidneys to more active secretion, I gave her a pill morning and evening, of calomel and squills, āā one grain. This prescription was continued until a slight ptyalism was induced, which was perceptible about the fifth or sixth day. Seeing no diuretic effect for the first few days from the