

Take a pencil in the hand, and without any support for the arm, hold the point lightly on a sheet of paper until the hand begins to twitch and tremble with nervousness and fatigue—a little superstitious awe will help—then looking earnestly at the pencil, picture in your fancy vividly the letters you wish to produce. If you are of nervous temperament, you will now feel an involuntary impulse of the hand in the requisite directions, and by perseverance and repetition, you may in a little time become a writing medium, a telegraph operator for the devil, as Beecher would say, but really, one over whose muscles fancy has usurped the place of will.

We have proved this by actual experiment, and have been able ourselves to write involuntary communications. Table-tipping is still easier.

Since writing the above, we see by the journals that Dr. Carpenter, of England, has put forth an essay in which he proves that other acts of mind than the will may control the muscles. We have also just received a letter from Dr. John C. Norton, a highly intelligent physician of Illinois, in which he says:—"In regard to the writing, I have probed the matter to the very bottom. I have been a writing medium, and can demonstrate by an analysis of my own mind while engaged in receiving communications, that the spirits of the dead are not at all concerned in it. I do not take the ground that it is all imposture; in fact I know better. *The will has nothing to do with actions performed, and yet they are all the work of the mind.*"

We are perfectly aware that most unexplainable stories are every day told; but be wary of two things—first, of phenomena not rigidly tested, and secondly, of second-hand statements. We have in our investigations detected eye-witnesses of the highest integrity, in egregious false statements in consequence of their excitement.

In conclusion, we give it as our own impression, that the claim of "spirituality" for the "manifestations" is an unmitigated humbug, and we are willing to test it with any decent medium that dare try it. We will ask twenty plain and fair questions, and we defy any medium in or out of Michigan to answer them all correctly, either by writing, rapping or tipping; and we will set a suitable table in the middle of our room, and after we have taken the proper measures to prevent the application of muscular action and mechanical force, we defy all the spirits out of Pandemonium to move it a single foot.—*Peninsular Journal of Med.*

CASE OF CHRONIC HYDROCEPHALUS SUCCESSFULLY TREATED BY COMPRESSION OF THE CRANIUM.

BY DR. LUND.

LED by the observations of Dr. Baader, published in the *Journal für Kinderkrankheiten* for 1848; Dr. Lund determined to take the first opportunity of employing compression in the treatment of chronic hydrocephalus. In January, 1849, he was consulted about a boy born in the beginning of March, 1848. For the first two months after birth nothing abnormal had been observed in the child, but from that period

his development appeared to be arrested. His body and face became emaciated, while the circumference of the head increased. He was generally chilly, and suffered from cough, had an uncommonly great appetite, and frequently rejected what he had eaten; there were repeated attacks of diarrhoea, and he was very restless. Notwithstanding the means employed to combat these symptoms, his condition became steadily worse. The extremities were more and more emaciated, the abdomen swelled, the spine was weak and curved, the cranium large, the fontanelles and sutures open, the bones of the head seemed loose, the forehead strongly arched and prominent, the eyes were sunken, and the face was, in proportion to the size of the whole head, remarkably small. On applying the stethoscope to the head, in the neighborhood of the anterior fontanelle and of the sagittal suture, a blowing sound, isochronous with the pulse, and closely resembling the placental souffle, was heard. Dr. Baader, in his essay, lays great stress on this sound as a diagnostic sign of infantile chronic hydrocephalus. Compression of the child's head was employed in the mode recommended by this author. Strips of linen, about an inch and a half in breadth, and spread with soap plaster, were, after the hair had been shaved off, so applied that the middle part of all the strips, which covered the head in a radiating manner, rested on the vertex. During the application of the plasters the head was greatly compressed. The ends of the long strips hung loose, and after a broad strip was applied over those round the base of the skull, or over the lowest part of the forehead, close over the ears, and under the occipital protuberance, the loose ends of the radiating strips were turned over and held *in situ* by means of another circular piece of plaster. The object in applying the circular pieces was partly to produce a direct compression round the head, and partly to increase, by their union with the other strips, the pressure of the latter. The plasters adhered firmly for three months, and were then only removed in consequence of the great growth of hair. The circumference of the head had now much diminished in proportion to the face and rest of the body, and the fontanelles and sutures had almost completely closed. The child's general condition, too, was considerably improved. Notwithstanding this, Dr. Lund considered it advisable to renew the application of plasters in the same manner as at first. These were removed in a little more than two months, when the shape and size of the head, as well as the general health of the child, were such as to render the continuance of compression unnecessary, a plan which, besides, could no longer have any effect, as the bones of the head had now become quite firm. The child's head still exhibits the effect of the treatment in the unusual form it has retained, the vertex being flattened, and the parietal tuberosities tolerably prominent. In reference to his bodily state, the boy may now be considered to be, for his age, well developed, healthy and lively, and his mental powers are much awakened.

The successful result obtained in this instance does not appear striking when compared with Dr. Baader's statement of his experience; but, as in most works on the treatment of this disease compression is only superficially mentioned, and physicians in general do not seem to have

much confidence in the plan, the present case, although standing alone, deserves attention. It is possible that the mode in which the compression is employed is the most important item in influencing the result, and that in consequence of the want of success which has been obtained by it, the method has hitherto been little attended to. A circumstance may appear to throw some doubt on the correctness of the diagnosis in the case just described, namely, that while Baader assumes the cerebral murmur as a diagnostic sign of chronic hydrocephalus in infants, other authors entirely deny the existence of this sign. Thus Barthez and Rilliet, in their *Traité des Maladies des Enfants*, state that they never have observed the blowing sound first described by Dr. Fisher of Boston, in the brain of any patient laboring under acute or chronic hydrocephalus, and Barth and Roger allege the same. They observed this sound in a child in whom they had, on account of the great circumference of the head, assumed the existence of hydrocephalus, but after death they found that the diagnosis was incorrect, and that the brain was perfectly healthy. Notwithstanding that so great authorities give opinions adverse to the importance of the cerebral murmur as a diagnostic sign, Dr. Lund feels himself obliged, supported by the experience afforded by his case, in which the diagnosis may be considered established both with reference to the symptoms of the disease and to its results, to incline more to the opinion of the German than to that of the French writers, and consequently to consider himself justified in at least assuming, that when this physical sign is observed in the head of a sick child, the disease may be chronic hydrocephalus.—*Norsk Magazin for Lægevidenskaben*.—*Dublin Medical Journal*.

TWO CASES OF TRAUMATIC TETANUS SUCCESSFULLY TREATED BY ICE.

BY B. D. CARPENTER, M.D., CUTCHOGUE, SUFFOLK CO., LONG ISLAND

CASE I. August 22d, 1849.—E. G., aged 16 years, of good constitution and habits, jumped from a fence on the stump of a twig some half inch in diameter; which made a wound in the ball of the right foot three fourths of an inch deep. Twelve days after the accident he complained of feeling lame and stiff, during the night was awakened by a violent spasm; the next day complained of stiffness and soreness of the muscles of the neck and throat, and pain at the scrobiculis cordis; the following night, during sleep, was seized with spasm; and the next morning when I was sent for, I found him complaining of pain in the above region, great rigidity of the whole muscular system, attended with difficulty in swallowing and constraint in moving the head and jaws, and in articulating. During the spasm, the body was curved backward and thrown to one side, the dyspnoea was considerable, pulse full and slightly accelerated, skin warm and moist, bowels costive, urine scanty and high colored.

Administered a purgative, which was assisted by enemas. The patient was then put upon the free use of opium in the shape of Dover's