parietal being driven down on each side), the jaws being enormously produced, and the maxillary bone made to overlie the greater part of the frontal of the same side.

Finally, the leading modifications presented by the proportions of the cerebral cavity, as we pass from the Thylacine to Man, were pointed out—the gradual depression of the occipital region behind, and the ethmoidal region in front, the elevation of the cranial vault, and the increasing proportion borne by the cerebral length to the basicranial axis.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

BEDSIDE ANALYSIS OF URINE.

By EDWARD MARTIN, Esq., Weston-super-Mare.

THAT a rough and ready analysis of the urine at the bedside, more especially with regard to the presence of albumen, is often essential to diagnosis, none will deny; but that any arrangement of apparatus for the purpose remains long in a state pleasant for use, few will assert. The elements difficult of management are two—the nitric acid and the spirit-lamp; both being apt to become productive of mischief when inverted, which they often unavoidably must be in the accidents of carriage.

It has occurred to me that this double difficulty may be overcome, and the urinary test-case preserved in perfect order, by the following alterations.

For the acid, instead of the usual stoppered bottle, I would substitute closed capillary tubes, similar to those in use for vaccine lymph, each containing, say, one minim of pure acid, a dozen or more of which would easily be kept in a half-ounce phial. At the time of use, one of these, snapped across, and placed in the test-tube with the specimen for boiling, would supply the reagent.

For the spirit-lamp, a small wide-mouthed bottle of alcohol, and a bit of sponge fixed to a metal rod, fitting into some part of the case in an upright position, would suffice. The sponge, dipped in the spirit, and lighted, would give quite enough flame for boiling the urine; and the tendency of a lamp with a wick when inverted, to let the spirit run through into the cup, no longer exist.

CASE OF EXCISION OF THE CALCANEUM.

By ALEX. OGSTON, M.D., Aberdeen.

M. L., aged 13, of a scrofulous habit of body, and subject to various manifestations of this tendency, suffered from an attack of chronic tympanitis, the cause of which was not apparent, during February, March, and April 1867. From this she recovered, but came again under treatment in May 1867, for caries of the calcaneum, said to have already existed for a considerable time. There was a fistulous opening on the outer side of the heel, emitting a small amount of purulent discharge, and leading down to roughened bone, the roughened surface having an apparent breadth of three-fourths of an inch, and being circular and depressed. From the tenderness of the calcaneum on pressure, she could not put the heel to the ground, and consequently used crutches. Ten months later, no improvement appearing under tonic treatment and rest, and the discharge increasing in quantity, operative interference was decided on; and an incision was made across the discharging sinus, and parallel to the outer edge of the sole of the foot, the girl being under chloroform. This wound revealing the existence of a chronic ulcer of the calcaneum, with depressed bottom and hard surface, the incision was continued backwards to the centre of the tendo Achillis, and anteriorly to the middle of the cuboid bone, and was met by a second incision, running downwards from near the cuboid end of the first to more than half way across the sole of the foot in the situation of the instep. The incisions were deepened till the bone was exposed, and the dissection continued along its surfaces, until—the astragalo-calcanean and calcaneo-cuboid articulations being also divided—the calcaneum was entirely removed. No vessel required to be secured, and no tendons were cut, except the tendo Achillis at its insertion into the back part of the calcaneum.

Eight months after the operation (in October 1868), the wounds having entirely healed, she was able to walk with the aid of a high-heeled boot. When shewn to the Aberdeen Medico-Chirurgical Society, in March 1869, the heel was half an inch shorter than on the opposite side, and she was able to walk almost any distance, and with a barely perceptible limp.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

TREATMENT AND PATHOLOGY OF HOOPING-COUGH.—Professor Oppolzer, in the *Wiener Medizinische Presse*, No. 36, 1869, states that, in the treatment of hooping-cough, he prefers before other narcotics the powdered belladonna-root. This is administered to patients from one to two years of age, in doses of five *milligrammes*, gradually increased to one *centigramme*. The powder is given twice in the day, in the morning and evening. For adults and intelligent children, Oppolzer prescribes a solution of bicarbonate of soda, to be taken in small quantities whenever an attack of coughing is threatened. Emetics are not given until the third stage of hooping-cough, when the respiration is impeded by great accumulation of mucus in the bronchi. In this last stage, astringents, particularly tannin, are administered. The patient should be isolated, and kept in a warm room with a constant temperature. Change of locality frequently brings about a great and permanent amelioration in the frequency and intensity of the paroxysms. Oppolzer holds that hooping-cough is due to the action of a contagium carried in the sputum and exhalations of patients similarly affected. This view is supported by the fact that, among adults, females are more frequently attacked than males; and weakly, strumous, and phthisical children are more disposed to the malady than those who are strong and healthy. In accordance with this view, Oppolzer recommends isolation of patients suffering from hooping-cough.

INTERNAL ADMINISTRATION OF CARBOLIC ACID FOR DISEASES OF THE SKIN.—Dr. Moriz Kohn of Vienna reports favourably of the practice, carried out by himself and Professor Hebra, of administering carbolic acid internally in cases of severe and obstinate cutaneous affections. The only evil effect observed after the administration of large doses of the acid was a slight irritation of the kidneys, indicated by the presence of albumen in the urine; which, however, did not increase in intensity with a continuance of the agent in large doses. The action of carbolic acid upon the skin was marked first by a cessation of hyperæmia, and afterwards by an alleviation of itching. Twenty-seven cases of psoriasis were thus treated successfully; the congestion was first removed, and then the scales of epidermis. The other cutaneous affections for which carbolic acid was given internally with good results were, idiopathic pityriasis rubra, prurigo, and pruritus cutaneus. The itching sensations in the last mentioned disease were quickly removed. When administered in twenty-four cases of syphilide, it entirely failed. The acid was generally administered in the form of pills, each containing one grain, with powdered liquorice. From six to nine of these pills were administered daily at first, the number being afterwards increased gradually to twenty or more. The remedy was rarely administered in solution, in consequence of its bad taste.—*Wochenblatt der k. k. Gesellschaft der Aerzte*, No. 8, 1869.

CHEMISTRY.

ESTIMATION OF UREA.—Several errors are introduced in the estimation of urea when the nitrate of mercury used is prepared by acting upon the metal with nitric acid; the acidity of the titrated solution is variable, and the whole of the compound is not in the condition of mercuric nitrate. M. Byasson makes use of the following modification of Liebig's method. Exactly thirty-six *grammes* of red oxide of mercury are weighed, and dissolved in fifty *grammes* of ordinary nitric acid, diluted with half its weight of water; the solution is gently evaporated until acid vapours appear, and made up with distilled water to the volume of one *litre*, at about 15 deg. C. If the dilution with water should cause a slight turbidity, a few drops of acid will render the solution clear. In this way a solution is obtained in which all the mercury is present as mercuric nitrate, and as little acid as possible. A test solution of urea is prepared by dissolving twenty *grammes* of crystallised urea in one litre of distilled water; one c.c. of the mercurial solution already made should correspond to .005 *gramme* of urea. During the process, M. Byassson makes use of a solution of twenty-five *grammes* of potash in one *litre*, from time to time, to partly neutralise the acid set free: the urea solution must never be rendered alkaline. The potash solution indicates the completion of the reaction, by forming a yellow precipitate on the surface. M. Byasson's results with this process agree remarkably well.—*Chemical News.*

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