

chronic headache, irritability, Jacksonian epilepsy, &c". The mortality from the operation itself has improved from 50 % before the days of asepsis to 2 or 3 % at present, and though one hesitates to interfere in a case of very slight depression without immediate head symptoms, there can be no question but that it would be ultimately in the best interests of the greater number of patients if operation were adopted as a matter of routine in all cases of depression, in the adult at least, with or without associated cerebral symptoms.

A depressed fracture of marked degree or a comminuted one require of necessity operative interference for the purpose of elevating depressed or of removing detached portions of bone. When parts of the bone are removed aseptic gold foil should be inserted between the sharp edges of the bone and the dura mater and between the dura and the brain, to limit possible adhesion between these structures, especially if hernia cerebri be likely to follow.

One author recently suggested in cases of injury to the parietal region the rather ingenious idea of everting the temporal muscle covered by its deep tendinous insertion and suturing the edge thereof to the dura mater in the wound to limit adhesions.

Intracranial hemorrhage.—Murray, in a paper read before the New York Surgical Society, April, 1906, on "Early operation in traumatic intracranial hemorrhage," stated that the object of his paper was to suggest a more frequent resort to exploration of the skull in the hope of saving cases which otherwise would end fatally. He further said that "while recovery is possible under expectant treatment, many more die for want of operation". In his opinion the suspicion of existing cerebral contusion is not a sufficient valid reason for desisting from operation. Rather, he considers that removal of a clot, whether it be epi or subdural, will improve the circulation and exert therefore a beneficial influence on the accompanying contusion.

In injuries to the head some cases leave no reasonable doubt that intracranial hemorrhage is present, but after reaction the symptoms gradually improve, and in these instances