

SURGERY.

IN CHARGE OF

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ON THE PASSING OF THE TREPHINE.

T. H. Manley, New York, records his objections to the trephine and his reasons for preferring the chisel. By using the trephine, sinuses may be opened; hernia cerebri may result; the serrations are cleansed with difficulty, and the operator is working in the dark.

In connection with the subject of vault fractures, he calls attention to a few things in connection with it of practical importance. (1). Make a large incision to freely expose the skull. (2). Leave all aseptic sub- or epidural coagula, however extensive, undisturbed. (3) Let all lacerations in the dura mater be securely closed with fine aseptic gut suture. (4) Reimplantation of trephine buttons of skull-bone invariably fails, and any procedure which will conserve the skull is of great advantage to the adult. In the child under fifteen years, as Ollier has correctly demonstrated, the periosteal layer of the dura mater will regenerate ample new osseous tissue to fill in a large breach. (5) Silkworm gut, or Crin de Florence fishgut, answers best for suture of the scalp; small wicks of aseptic gauze in the angles of the wound provide for ample drainage. (6) For antiseptic powder over the wound here, or indeed any scalp wound, nothing surpasses finely-ground fresh mustard.—*Kansas City Medical Rec.*

DIRECT INTRODUCTION OF PURGATIVE INTO THE LARGE INTESTINE IN CASES OF OPERATION FOR SEPTIC PERITONITIS.

A. M. Sheild calls the attention of the profession to a method which he believes is of great utility in the surgery of septic peritonitis—the direct introduction of purgatives into the intestines at the time of operation. It is not too much to say that in many of these cases the patient's life hangs on the possibility of overcoming the paralytic obstruction and the free evacuation of gas and feces. The worse the case the more difficult is this to bring about, since the patient vomits everything he takes by the mouth.