

ing tenotomy ether for strabismus or for enucleation, the hypodermic syringe is used, and before excising a section of the iris the cocaine solution is allowed to enter the anterior chamber through the corneal wound. I have found cocaine useful in facilitating exploration of the eye. This is of special advantage in treating children and highly sensitive patients. It relieves photophobia and removes the dread of manipulation. Whether or not it possesses actual therapeutic value remains to be seen. It will be at least a valuable adjunct to other remedies.

In addition to its anæsthetic properties, it dilates the pupil and diminishes the power of accommodation. As these effects all disappear in a few hours, cocaine will probably supersede atropine for ophthalmoscopic examinations, and especially so as I find that the eye is more tolerant to the light of the mirror when under its influence.

Cocaine hydrochlorate has already been applied as an anæsthetic and with encouraging results, to the mucous lining of the nasal cavities, the pharynx, the urethra and vagina. Under its influence the actual cautery has been applied to the turbinated bones, the catheter has been introduced into an unusually sensitive male urethra, and operations have been performed upon the os uteri, with little or no pain.

Cocaine has been found to contract the venous sinuses underlying the Schneiderian membrane, hence it is suggested as a remedy in acute, coryza hayfever, and epistaxis. It also exerts a controlling effect upon the painful affections of the eye, as in iritis, in the phlyctenular diseases, and after operations and injuries; and it has been used with success in painful affections of the ear.

The price of the new remedy one month ago was as high as one dollar a grain, but it can now be obtained for 50 cents. The price is still too high to admit of its general use, but in important operations such as iridectomy and extraction of cataract, where general anæsthesia is attended with serious drawbacks, cocaine would not be too dear at one dollar a grain; and even at that price the cost would not be greater than in using the best sulphuric ether.

QUININE AND ERGOTINE.—Ergotine neutralizes the cerebral effects of quinine. Tinnitus may be entirely avoided by combining these two remedies.

## COMPOUND FRACTURE OF THE SKULL, ESCAPE OF BRAIN SUBSTANCE, RECOVERY.

BY H. ROSS, M.D., CLIFFORD, ONT.

Permit me to give a few details of a case that occurred in my practice between three and four months ago. R. B., æt. four years, while playing on the lower steps of an outside basement stair at the rear of the dwelling, was struck on the head in the right frontal region by a brick which fell from a second storey window, a distance of eighteen feet. The child fell but rose again almost immediately, ascended the stair and was finding her way into the house, when met by her mother.

I saw the case a few minutes after the accident. The child had vomited two or three times before I arrived, but showed no other symptoms of having received a severe injury. On examination, I found a scalp wound about an inch and a half in length, which had bled freely, and amongst the hair a quantity of brain matter, in all about the size of a large marble. The mother had previously wiped a quantity of blood and brain matter from the wound. In the then excited state of the child, I found it impossible to make a proper examination of the wound, or with any degree of safety to ascertain the extent of fracture, without the use of an anæsthetic. I therefore sent for Dr. Stewart, of Palmerston, to assist me, and in the meantime placed the head in the position most favorable to drainage; applied cold to the head by means of iced water conducted through a bladder by rubber tubes of entrance and exit, provided with stop-cocks to regulate the supply. And as there were no symptoms of depression or shock, except perhaps the vomiting, I gave a sharp purge of calomel and jalap. On the arrival of Dr. Stewart, we chloroformed the patient, and on examination found the fracture to be about one inch longer than the scalp wound and situated three or four lines lower on the frontal bone, owing probably to an oblique position of the head when struck. There still remained debris of brain matter between the edges of the wound, and on closer examination, the strongly pulsating torn end of an artery (a branch of the anterior or middle meningeal, most likely the latter), which had been ruptured by the injury, was seen projecting from between the edges of the