

effect upon the brain. Since it is clearly proven that a depressed fragment of bone is in itself never sufficient to cause pressure symptoms, and since the cerebral effect produced by such depression is uncertain and transitory, trephining with the object of correcting such depression is never indicated. So far as the brain is concerned, the single indication for primary trephining is where we have pressure symptoms which are clearly due to internal bleeding.

As for the indications given us by the local bone injury, the single question for deliberation is that of infection; replacement is not for a moment to be considered. Hence it primarily follows that subcutaneous fractures, with or without depression, should never be trephined. In compound fractures, however, septic matters have ready access. Here trephining may serve a valuable purpose in enabling us to secure asepsis. It is to be regarded rather as a débridement, is accomplished by the chisel and saw where possible, and has precisely the same object that similar methods would have in compound fractures of other bones; namely, the placing of the wound in the most favorable condition for thorough purification and primary healing. Thus in a compound comminuted fracture of moderate extent all loose splinters are removed, the depressed bone is raised, the sharp edges are rounded, the opening in the skull enlarged, and the whole wound is carefully disinfected; or, in other words, the surgeon makes a careful débridement.

In more extensive fractures, a less active intervention is required. Bergmann's rule is, the more extensive the break, the less imperative is the indication for chiselling, elevation, or extraction of fragments. Fissures, even though accompanied by depression, require only disinfection and antiseptic dressing.

As the result of a careful study of the subject, Zeidler draws the following conclusions:

1. Symptoms of cerebral pressure following head injury indicate trephining only when these symptoms point clearly to bleeding from the arteries of the dura.
2. Simple fractures of the skull, unaccompanied by symptoms of intracranial hemorrhage, never indicate trephining.
3. Depression of the bone in itself should not be considered as an indication for trephining.

4. The object of primary trephining is asepsis, or the checking of hemorrhage.

5. Secondary trephining is indicated in cases of beginning meningo-encephalitis.

6. Epileptoid attacks, due to the pressure of splinters of bone pressing upon the brain, should be relieved by removing these splinters.

7. In treating fractures which involve a sinus, the bleeding from the latter should be checked by tamponade, and not by suture.

8. The term débridement should be applied to the operative procedures necessitated by a complicated fracture of the skull, trephining being reserved for the formal operation upon the uninjured bone.—*The Amer. Jour. of the Med. Sciences.*

A SIMPLE METHOD OF TREATING UMBILICAL HERNIA IN INFANTS.—If the treatment of umbilical hernia in the earlier weeks of infant life has proved as troublesome and annoying to others as to the writer, this description of a simple and effective method of treatment will not be out of place.

Agnew and others use a button of cork covered with chamois skin, and held in place by a broad strap of porous or rubber adhesive plaster encircling the trunk. Elastic bands, pads fastened to the binder, hard rubber spring trusses and various more complicated devices are also recommended. Most of these methods I have used, all with discomfort to the child, and unsatisfactory results. Porous plaster invariably irritates the skin, as does rubber adhesive plaster, and their removal causes a paroxysm of crying when the consequent straining is most undesirable. All absorbent pads become malodorous from retained perspiration, and are constantly moist from the daily bath. Bands extending around the waist interfere with respiration, peristalsis, and the development of the abdominal and lumbar muscles. Elastic bands are by far the worst in this respect. Pads fastened to the binder are constantly slipping out of place. The same may be said of trusses which have the additional disadvantage of hurting a child that is not handled carefully.

An apparatus for successful treatment should be non-absorbent, non-irritating, and of such material that it will remain in place for at least a week, notwithstanding daily bathing. It