

DETECTION OF LEAD AND IRON BULLETS IN GUNSHOT WOUNDS.—Dr. J. R. Uhler lately brought before the attention of the Maryland Academy of Sciences a method for the more certain detection of leaden and iron bullets when imbedded in the tissues, as in gunshot and shell injuries especially, when they have an obscure or curved course, and cannot be readily felt by the probe. The plan and its application are extremely simple. The wound is thoroughly cleansed with pure water by means of a syringe, after which a solution of nitric acid (5 to 15 drops to a drachm of distilled water) is injected into the wound, and allowed to remain a sufficient time to come in contact with and dissolve a portion of the ball. The injected fluid is then withdrawn either by syringe or by changing the position of the patient so as to let it run out into two lots. One of them is to be tested with iodide of potassium, when, if lead be present, the well-known yellow colour will be obtained. To the other a solution of sulphocyanide of potassium is added, which will turn red if iron be present, or ferro-cyanide of potassium to give a blue. It is claimed that the procedure is less irritating to the patient than probing.

TREPANNING IN INJURIES OF THE SKULL.

—1. *Without delay* in all cases of distinct punctured fracture, to avert mischief by removing the fragments of the inner table.

2. In cases of compound comminuted fractures with depression (not in mere fissure with wounded scalp).

3. In simple depressed fracture, when, after a fair trial of other measures, the urgent symptoms of compression are persistent.

4. In compression from extravasated blood, when the position of the injury, or the existence of a fissured fracture, indicate the probability of a large artery, such as the middle meningeal, having been torn.

5. For intra-cranial suppuration, when the symptoms and the existence of the puffy swelling, or unhealthy state of the scalp wound, and bone, give an indication of the probable position of the pus.

6. In certain chronic cases, from disease or alterations in the bone following contusion or

other injury, causing cerebral symptoms, such as local paralysis or epileptic fits. This last rule is by no means so imperative as the others—*Spence and Bryant.*

THE TREATMENT OF RANULA.—The Paris correspondent of the *British Medical Journal*, in his last letter, draws attention to the treatment of ranula, and alludes to the success attending injection of chloride of zinc, as practised by M. Panas. Dr. Morton, in a note on this, observes, without entering into any account of the morbid conditions to obstruction of a sub-lingual gland or duct, that practically the surgeon's intention is to make a permanent opening in the sac, one which will allow the saliva continuous and natural exit into the mouth. It occurred to Dr. Morton that the use of a metallic seton, acting to some extent as a drainage-tube, would attain this object, and two cases coming under his notice, he tried the following operation. An ordinary seton-needle, carrying medium-sized silver wire, having been passed directly through the sac-like tumour from one side to the other, the ends of the wire were brought forward, twisted together, and cut off, leaving a small ring of metal, half within and half externally. The wire was allowed to remain three weeks, then cut and withdrawn. It caused no irritation or impediment, and a patent orifice remained after removal. Both cases were permanently cured. The ordinary seton, made of silk or hemp, necessarily sets up inflammation, and may induce subsequent closure or fistulous opening. Injection of caustic fluids, as chloride of zinc, in ranula is open to objection, as destruction of tissue is not desirable, at least, in simple cases of obstruction.—*The Practitioner.*

POST-MORTEM OF THE BRAIN OF CHRISTOPHER WARD, who was convicted of the murder of his wife at the Brompton Assizes, last Spring:—“New York City, Asylum for Insane, 20th Nov., 1876. I certify that I was present at the *post-mortem* made upon deceased Christopher Ward, at the Rockwood Asylum, on 7th Nov., 1876. The brain was intensely congested in all its parts, and the cranial cavity contained several ounces of bloody serum. The