

thus causing an expansion of the hitherto crippled lung an improvement might be brought about; but, notwithstanding the fact that all through the operation a large quantity of whisky was administered hypodermically, the patient still continued to sink, until her situation seemed as desperate as it could well be. Then it was that the measure was resorted to which I believe was undoubtedly the means of saving her life, namely, the injection of ammonia into the circulation, especial pains being taken in order that the point of the needle of the hypodermic syringe should actually pierce the coats of the vein, but not transfix the vessel. The effect was certainly remarkable. The idea in employing the ammonia in this way was to tide over the failing system of the patient in this crisis of exhaustion until the powers of nature could rally once more from the depression which had paralyzed them, and the attempt proved eminently successful.

I confess that this practice was something altogether new to me. I had heard of ammonia being used in this way for the neutralization of the poison of venomous serpents in persons who had been bitten by them, but I do not remember ever to have seen the record of a case in which it was employed for the same purpose, and was followed by the same admirable results, as in this instance. Here the special object of the injection was to bring the stimulating action of the ammonia to bear directly upon the failing heart, and this case certainly seems to establish beyond a doubt the utility of this remedy as a cardiac stimulant.

Since the day before yesterday, when the last note was taken, the patient has continued to improve steadily, until to-day we find her in such a condition that there seems to be scarcely any doubt of her complete restoration to health.—*Boston Med. & Surg. Journal.*

**ASPIRATION OF THE KNEE-JOINT IN ACUTE AND CHRONIC EFFUSIONS, AND THE VALUE OF MARTIN'S ELASTIC BANDAGE.**—The surgical section of the American Medical Association, May 6, 1879, (*Herald Medical*.) Drs. Marcy, Post and Gross reported cases of dropsy of the knee-joint and other joints successfully treated by aspiration and pressure. Dr. Post referred in favourable terms to first aspirating and then overdistingending the sac with a solution of carbolic acid, according to the method of Calender. All admitted the importance of attention to the constitutional condition of the patient and to other local remedial agents—such as counter-irritants, compression, &c., as aids to aspiration.

**FOREIGN BODIES IN THE BRAIN.**—Dr. Wharton, (*Medical Times*), July 19, '79, gives the following analysis of 316 cases of foreign bodies in the brain:—

Sir Benjamin Brodie, in analysing ten cases of

musket-ball lodged in the brain, says, "In two cases of them the ball was extracted, and one patient recovered, while the other died. In the remaining eight cases the ball was allowed to remain; two of these patients died, while six recovered. Of the latter, one died several weeks afterwards, of inflammation of the brain, induced by excessive drinking, and another died in the course of the following year, from sunstroke." In the following collection of cases, more than thirty times the number analysed by Brodie, the results are as follows: of the three hundred and sixteen cases, one hundred and sixty recovered while one hundred and fifty-six died.

In one hundred and six cases the foreign body was removed, death following in thirty-four cases, recovery in seventy-two cases.

In two hundred and ten cases no attempt was made to remove the foreign body, death following in one hundred and twenty cases, recovery in eighty-eight cases. It should be here stated that some ten patients who recovered sufficiently to attend to their regular occupations, but ultimately died at periods varying from three to fifteen years from the effects of their injuries, have been classed as having recovered.

Considering the severity of the injury, the proportion of recoveries is large, but on examination of the cases it will be observed that many of the recoveries were not complete, the patients afterwards suffering from epilepsy, vertigo, impairment of mind, incapacity for physical exertion, paralysis, loss of sight and hearing. In one hundred and eleven of the cases of recovery the above-named symptoms were wanting, while they were present in forty-nine cases.

In the one hundred and eleven cases that recovered without bad symptoms, the foreign body was removed in fifty-six cases and allowed to remain in forty-five cases. The question of interference for removal of foreign bodies is one which has caused much discussion, but on which I think authorities are now generally agreed. In the following collection of cases the results of its removal were not only most satisfactory as regards recovery but also as regards the completeness of the recovery. There can be no doubt that the presence of the foreign body increases the gravity of the injury, and that when its position can be clearly located, and when its removal is not accompanied with too great a destruction of tissue, it should be attempted. The difficulty of locating the foreign body is seen to be great, for when it has once passed out of sight the surgeon has no means of discovering its position, except by the probe. Extreme care should be exercised in passing a probe along the track of a foreign body in a wound of this nature, as little force is required to cause the probe to pass through the unresisting brain structure in a course different from that taken by