due to the action of the drug on the vomiting centre of the medulla. Just before vomiting the pulse is weakened and increased in frequency, and after vomiting ceases it becomes slower and stronger, often stronger and slower than it was before the injection was given. Vomiting is preceded by salivation and slight nausea. It may occur only once or be repeated several times. Very soon after the vomiting subsides, a matter of a few minutes in most cases, the patient falls into an apparently natural sleep and may sleep from two to eight hours, awakening refreshed, sober, and rational in most cases. It is not necessary, however, to give the emetic dose in order to obtain the hypnotic effect, and in many cases 1-30 grain will induce sleep.—*Med. Record* and *J. A. M. A.*

Operations on the Cerebellum.

The results of these operations have improved so rapidly in recent years that Borchardt (*Archiv für klinische Chirurgie*) has reviewed the entire subject in the light of present statistics.

Very extensive exposure of the base of the brain can be made safely. Both sides of the cerebellum may be exposed at once by forming on each side a quadrangular flap of scalp and skull, extending from the mastoid process to a point above and inside the occipital protuberance. These flaps being turned down and all bleeding stopped, the central part, not including the longitudinal sinus, is cut through at its upper and lower ends and also turned down. The bone is thick and must be partly sawed before cutting or breaking. The danger from breaking into the foramen magnum has been exaggerated. The brain is well protected here by very thick membranes. The ligation of the transverse, sigmoid, and occipital sinuses is in itself harmless. The longitudinal sinus and the tentorium must be spared. If the tentorium is injured, prolapse is almost certain to follow. The cerebellum being exposed is palpated, punctured, or incised as required, and also pushed aside with spatula, to facilitate examination of the base of the skull. If the shock is very great after opening the skull it is best to wait, and to examine the brain and complete the operation later. If after the operation is concluded it is found impossible to return the cerebellum inside the dura, it is better to reduce its size by partial resection than to leave part of it outside the dura. Puncture of the ventricles is apt to lead to sudden death. The dura is loosely closed to allow escape of secretions. Prolapse after operation is not always a sign of infec-