

It appears to have a beneficial action on the mucous membrane of the organ. Good has been obtained from the administration of ammonium chloride. The local use of antiseptics must take first rank, however. Draw off the urine, then wash the viscus with sterilized water, after which boracic acid gr. 10 to 3i. or carbolic acid 1 to 500, or bichloride 1 to 15,000, or nit. silver gr. 11 to pint, or hydrogen peroxide may be resorted to from time to time.

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TREPHINING FOR MENINGEAL HÆMORRHAGE.—Dr. F. J. Shepherd, of Montreal, in *British Medical Journal*, April 11th, reports a case where a man aged 30, had received severe injuries to his head by being thrown off his wheel. Forty minutes after the accident he was brought into the hospital in an unconscious condition, with pulse 84, respirations 25, and temperature 100.2 F. On admission he vomited freely, and soon regained consciousness. There was a wound of three inches down to the bone on the left side of the head, just behind the coronal suture, and over the anterior superior portion of the parietal bone. There was a fissured fracture and slight depression. There was slight ptosis, and the left pupil was more dilated than the right. Sensation, motion and the reflexes were unimpaired. The day following he was not so well, and the right sight became paralyzed. The reflexes were impaired on the right side, and increased on the left. The head was shaved, the patient etherized, and a portion of bone at the upper end of the wound removed by the trephine. A second trephine opening was made at the lower end of the injury. When the clot was removed there was furious bleeding, which came from the artery passing through the foramen spinosum, as this was torn by the line of the fracture, which now he traced. It was decided to tie the common carotid. This was quickly done, and divided between two ligatures. When the bleeding had ceased, all the clots were well washed out. The space at the base of the wound was well packed with iodoform gauze, and the rest of the wound closed. Over this was placed sterilized gauze and a firm bandage. On leaving the table, the pulse 180 to 198 and respirations 30 to 40. A large enema of hot saline was given. This reduced the pulse to 140. By evening the patient was again conscious and could converse. Next day his pulse was 120 and respirations 20. There was some paresis of the left side and much oozing of blood from the wound. The packing was removed on second day, when there was a very free bleeding. The wound was quickly packed. The patient was very ill for some days, but he then began gradually to improve, and ultimately made a good recovery.