

ture is done, the fluid drawn off and serum injected every day for four days. For general treatment—urotropin, as formaldehyde after its administration appears in the cerebro-spinal fluid—when the patient is restless or in pain in order to procure enough sleep. The diet should not be too limited. Conjunctivitis is best treated with argyrol. The bladder must be watched for retention. Before the use of the serum the mortality averaged 75 per cent.; since using the serum, 50 per cent.

Abdominal Ptois.—H. H. Oldenborg (*J. A. M. A.*) states that while most writers have recommended gymnastic exercises, few have given directions as to how they should be performed. In these cases the abdominal walls are relaxed, there is more or less pronounced lumbar lordosis, round shoulders, flat-chestedness and acute epigastric angle. To correct these conditions, it is necessary to strengthen the upper spine, develop the chest, and so increase the lung capacity, strengthen the abdominal walls, and overcome the lordosis. With children much can be done with good hygiene, plenty of outdoor air and regulated gymnastics.

Fetal Membrane in Skin Grafting.—Nicholas Sabella (*The Medical Record*) says the materials or organs generally thrown away after the child is delivered can be utilized to the best advantage in skin grafting. He enumerates seven principal methods of skin grafting: (1) Thiersch's, (2) Reverdine's, (3) Wolf's, (4) Pedicle flap intact, (5) Pedicle flap not intact, (6) Cuticle scrapings used while fresh, (7) Old scrapings preserved in a bottle with normal saline solution and used when needed. The disadvantage of all these methods is that of taking the grafts from the patient himself or from a volunteer. All this can be avoided by the use of the amnion and the umbilical cord. By keeping them immersed in normal saline solution and changing the solution a few times before the use of the organs, they will keep alive for over seventy-two hours. When the patient is ready for grafting the organs are dipped several times in a new solution of normal saline and then they are cut up into pieces in any shape and size desired. The cord should be cut open and the blood-vessels scraped out. The surface of the cord and amnion which is to be placed on the ulcer should be the continuation of the inner surface of the cord. Dr. Sabella claims he has tried this method on several patients and gained great success with it. It is especially adapted for those cases in