

skull constitute an indication for a primary trephining only in the presence of an unmistakable train of symptoms pointing to an intracranial hemorrhage from the middle meningeal artery.

2. In the absence of the hemorrhage, no trephining is indicated in cases of subcutaneous fractures of the skull.

3. Depression of fragments by itself cannot be regarded as an indication for the operation.

4. A possibly early primary trephining should be resorted to, either for arresting intracranial hemorrhage, or for antiseptic purposes in cases of compound fractures (especially of comminuted, fenestrated, etc.). In the latter, the operation secures a thorough disinfection of the site of fracture and as thorough an antiseptic management of the wound. The operation includes the removal of free fragments, elevation of depressed pieces, trimming uneven edges, etc.

5. A secondary trephining is indicated even in the presence of symptoms of incipient meningo-encephalitis. The latter may be sometimes cut short by the operation.

6. In subcutaneous fractures, secondary trephining is indicated when there are perfect symptoms of cerebral irritation (epileptoid fits) depending upon depressed fragments.

7. In cases of fractures penetrating into the frontal sinuses, antiseptic tamponade should be preferred to suturing, since the sinuses stand in communication with the nasal cavities through which atmospheric pyogenic microbes may easily enter; besides, suppuration of the sinuses becomes more dangerous when the cutaneous wound is closed by sutures.

8. The safest and most reliable hæmostatic means in cases of wounds of cerebral venous sinuses is constituted by plugging the injured sinus.

9. The term "trephining" should be applied only to an artificial opening of an intact skull; the operation on a fractured skull should be named "*débridement*."—*Vratch*, No. 2, 1889; *Annals of Surgery*, May, 1889.