

The mouth was cleansed every two hours with solution of 45 grs. chlorate of potash, 20 minims H.Cl., 4 drs. glycerine in 10 ozs. of water. Food was given per rectum for several days. Peptonized beef and brandy was well borne when given in this way. Can one always be sure that you have a fracture of the base to deal with? The signs of fracture of the base are often equivocal. Some of the evidences of severe brain injury are: bleeding from cranial orifices, and the demonstration of cerebro-spinal fluid; and, if this latter, then you can be almost sure that you are dealing with a fractured base. Fractures of the vault, too, often extend to the base. What are the dangerous complications of fracture of the base of the skull? Hemorrhage may result from the fracture involving some of the arteries entering the base of the skull. Treatment must be directed to the control of this by every and any means possible. The next danger, of course, is sepsis; the fracture may become compound, communicate with some of the cranial canals, thus communicating with the outer air. Most fractures involving the middle and anterior fossæ, generally communicate with these cavities. If the fractured skull is kept aseptic, it will heal kindly, as other bones treated in the same way. Opium is indicated if the patient is violent; it quiets him. Above all, keep the patient free from all excitement, whether of sight, sound or mental production. Exclude the pettifogging lawyer, who is so anxious to have the case.

Dr. LETT (Guelph, Ont.) asked how long it was from the time the common carotid artery was tied before symptoms occurred, because it strikes him that in many of these cases of injury to the skull, that the injury itself, while it leaves no symptoms for a short time, from the result of healing, the impinging of the membranes on the cortical substance, that years after the patient will get mental troubles, whereas there are no mental troubles during the acute stages of the injury; and he would like to know if it was a short time, or a considerable interval, that elapsed before the mental symptoms appeared?

Dr. E. HALL (Toronto) asked what were the causes that led him to select the left carotid in this case; and where there are symptoms of internal without external hemorrhage, what would be the surgical indications?

Dr. HARRISON (Selkirk, Ont.) stated that he was going to ask the same question that Dr. Lett asked. He had seen cases in which injury of the bones of the skull occurred, and there was no ligation of the carotid artery, and in which there was perfect restoration to health; but, over a year afterwards, these symptoms supervened, and when Dr. Elder was reading his paper: when he was saying that he was going to watch for further symptoms, and to see whether tying the carotid artery affected the mental pro-