mony (*Lancet*, April 30, 1870) to the value of chloral for the relief of pain in cancer and its superiority over other means hitherto employed for that purpose. As a night draught he has found twenty grains quite sufficient, but when the pain is persistent, ten-grain doses three times a day give the greatest satisfaction. There is no headache, no sickness, no loss of appetite, nothing to hinder the patient taking exercise, and, so far as the disease will permit, pursuing his usual avocations.

Dr. C. C. COOKE states (*Lancet*, March 19, 1870) that a patient of his suffering from cancer of the uterus has found more relief from pain and obtained more sleep since taking chloral than she had done from any other remedy.

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41. *Chloral for the Relief of the severe Pain of Burns.*—M. MARJOLIN stated to the Imperial Society of Surgery that he had administered the hydrate of chloral internally to relieve the severe pain from burns, and with complete relief to the patient. When the chloral is vomited he gives it by injection per rectum in the dose, of 0.50 centigrammes.—*L'Union Médicale*, May 19, 1870.

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42. *Hydrate of Chloral for the Relief of the Pain from Surgical Injuries.*—According to the experience of the surgeons of the Royal Infirmary, Edinburgh: "In many surgical injuries, when great pain is experienced, it is generally the means, in doses of thirty or forty grains, of diminishing the suffering without of necessity causing hypnotism; but if the dose is increased, sleep is produced. After severe accidents or capital operations, similar beneficial results, in most instances, follow its administration."—*Brit. Med. Journal*, April 30, 1870.

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43. *Indications for, and Results of, Trephining.*—Baron LARREY, from an analysis of one hundred and sixty cranial lesions, draws the conclusions that trephining should be reserved for certain well-defined cases where the indications are perfectly clear, whilst they should not be undertaken precipitately or under doubtful circumstances, lest the already present conditions be aggravated and the fatal termination hastened; and this is the more strenuously urged, because he thinks the prompt and rational application of other remedial means can in many instances materially aid the resources of nature, even in injuries of the gravest character.

The indications for trephining Baron Larrey shortly tabulates as follows: 1. Trephining should be performed in fractures of the vault of the cranium produced either by simple penetration to a greater or less depth, or complicated by the driving in of fragments, when the laceration of the dura mater or the lesion of the brain sets up grave and persistent symptoms, and when efforts at replacement of the fragments by other means than trephining are found to be impracticable. 2. In fractures complicated with the impaction of foreign bodies or projections in the substance of the cranial bones or in the superficial layers of the brain, with persistent symptoms, and impossibility of removal of the foreign bodies by other means. 3. In various mechanical lesions of the head, complicated with serious cerebral mischief, and of a persistent nature, such as contusion and compression of the brain, or even prolonged hemiplegia, with effusion of blood or pus, where this is supposed to be of a circumscribed nature; provided, however, that the local lesion is well defined, and, above all, that active therapeutic means produce no effect; this last being an extremely important reservation.

The contraindications to trephining, on the other hand, are as follows: 1. It should not be performed when the foreign body, having penetrated the skull, is lost in the deep parts of the brain, or becomes inaccessible to instruments. 2. If the blood or pus effused within the cranium does not appear to form a focus in communication with the opening in the bone. 3. In every fracture, whatever may be its extent, which is not complicated by the impaction of fragments, nor by persistent symptoms of compression or paralysis. 4. In the state of cerebral disturbance, or of more or less profound coma, either with or without localized lesion. 5. When convulsions of an indeterminate, or epileptiform, character are present, since these are probably susceptible of cure. 6. In dif-