volume is found, the concentration can be increased by the addition of washed full blood.

For several months, we have employed this method in routine serologic work, with uniform results. We found, further, greater uniformity in complement titrations than prior to the use of the tube.

THE CONTINUOUS KNOTTED SUTURE

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After some experiments, we began using the Eastman¹ suture in every case recommended by its author, and I am convinced that a substantial contribution has been made to our technic.

I have applied my method of tying the knots with a needle-holder, which makes it easier and more rapid.

For the ordinary continuous knotted suture, I use a strand of 15 inches, allowing about 4 inches for the short end after the first knot is tied.

FRACTURE OF THE BASE OF THE SKULL, WITH LOSS OF BRAIN SUBSTANCE, FOLLOWED BY RECOVERY

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While loss of brain substance is relatively common in fractures of the vault of the skull, its occurrence is quite rare with basal fractures. Rawling¹ observed two cases of such nature. One patient, with escape of brain substance from the right nostril, died a few hours after the injury. The second case was thus described by Rawling:²

"A lad, 11 years of age, fell some distance out of a window on to his head. He was admitted under the care of my colleague, Mr. Lockwood. On admission he was unconscious, and was bleeding freely from the right ear and nose. Shortly afterward it was noticed that brain matter was issuing from the right external auditory meatus, sufficient brain matter being obtained to fill a teaspoon. The extensive nature of the brain injury was confirmed by the fact that the left arm and leg were paralyzed for some days. On the fourth day

Application as a relaxation suture: It is carried across any wound where the skin is under tension. 1, forceps in right hand laid over ligature, tip pointing upward; if tip points downward, no loop is possible; 2, loop completed; forceps grasping short end firmly; left hand pulling long end over tips of forceps in right hand; 3, first half of knot completed; 4, right hand forceps placed beneath thread, tip pointing upward; this loop completes a square knot; 5, left hand drawing down second loop; 6, square knot completed.

The knots are about 1 cm. apart, and the short end of 4 inches will make eight knots easily. The accompanying drawings make a detailed description unnecessary.

I employ this continuous knotted suture as a hemostatic in various conditions, such as sewing the broad ligaments in hysterectomy; as a posterior through and through suture in gastro-intestinal anastomosis in place of Crile's cobbler's stitch; as a ligature of a broad area of great omentum, and as a suture of the capsule in Freeman's method of thyroidectomy. The other use is for relaxation, and is efficient in cleft palate operations as well as anywhere on the skin where the apposition skin sutures are under tension.

Dr. Eastman has been extremely modest in his presentation of a new method that I can emphatically endorse and recommend as a great improvement over older procedures for similar applications.

the boy regained consciousness and recognized his relations. From this period onward he made an uninterrupted recovery. I have seen the lad on various occasions, the last time one year after the accident. At that time he was an exceedingly bright and intellectual boy."

Except for this instance, I have found no other case similar to the one here reported, in which the patient recovered.

REPORT OF CASE

L. K., a man, aged 50, admitted to the Second Surgical Division of Bellevue Hospital, Aug. 3, 1921, had been injured a few hours previously in a runaway accident. He was conscious on admission to the hospital, but could give no details of the accident. There was a laceration of the scalp, 2 inches long and extending down to the pericranium, on the left parietal region. Palpation revealed a fissure

1. Eastman, J. R.: A Continuous Knotted Loop Suture, J. A. M. A. 78: 268 (Jan. 28) 1922.

1. Rawling, L. B.: The Surgery of the Skull and Brain, Oxford Publications, Frowde, 1912, p. 93.

2. Rawling, L. B.: The Surgery of the Skull and Brain, p. 101.