On examination I found the following condition: The upper right lid was cedematous and reddened. On lifting it the eye was found bathed in tears and the conjunctiva slightly injected. Cornea normal. The whole anterior chamber was filled with blood. In the lower part it formed a large clot, concealing the iris from view. The pupil was dilated and elongated in the vertical diameter. An ophthalmoscopic examination could not be made. The child was unable to count fingers close to the eye. I ordered cold compresses and instillation of 2 drops every four hours of a 1 per cent. solution of atropine. When I again saw the child, about three hours later, the pupil was dilated *ad maximum*, and the greater part of the hæmorrhage was absorbed. Fingers were readily counted.

On the morning of May 20 but a small clot of blood remained in the lower part of the anterior chamber.

At the next visit, May 21, I learned from the mother that the patient had passed a very restless night, occasioned by spells of sudden intense pain. The first attack occurred in the evening. During a momentary absence of the parent, the child left its bed and ran to the window, which it opened. Hearing the mother return it hastily essayed to regain its bed, but stumbled and fell heavily to the floor. The fall was followed by severe pain in the injured eye. A second attack took place at midnight, and a third early in the morning.

I found the eye in a glaucomatous state. Tension + 1, very marked ciliary injection, anterior chamber full of blood. The eye was rebandaged, and cold applications applied over the roller. A 1 per cent. solution of eserine was prescribed, two drops to be instilled into the eye five times a day.

The child was kept quietly in bed. In the evening I found a great improvement. Tension reduced, but still higher than normal. Hæmorrhage mostly absorbed.

At midnight the child was again awakened by the excruciating pain in the left eye.

The morning showed a return of yesterday's condition; extensive hæmorrhage and increased tension. These sudden attacks of severe pain came on without any apparent restlessness on the part of the patient. Whilst in the midst of a sound sleep it would be suddenly awakened by the darting pains.

I hesitated to reinsert the eserine, thinking that the action of the drug favored a separation of the partly healed iris, which I supposed had been lacerated at the lower border, covered by the blood clot. The child had been kept quiet in bed. Both eyes were bandaged for a time; the right one constantly. Coffee and other stimulants were forbidden. In fact, everything had been done to favor a rapid union of the parts. I decided to try the effects of ergot, and ordered the fluid extract to be given in 12-drop doses every three hours, in order to reduce the action of the heart and permit a sufficiently firm organization of the blood clots in the lacerated blood-vessels. The introduction of this remedy was soon followed by good effects. The blood disappeared entirely, the pupil remained for a long time elongated, but later on resumed its normal shape.

FRACTURE OF CRANIUM; HERNIA CEREBRI; RECOVERY.

BY WILLIAM HENRY, M.D.,

OF HARMON, ILL.

In June, 1886, my little daughter, aged 8 years, while trying to drive a horse running at large, was kicked on the side of the head, the skull being fractured over the posterior superior portion of the right parietal bone, crushing the bone and driving it in, producing compression of the brain.

I was absent from home at the time, and my friend Dr. Burns was called in; his opinion was that she would not live twelve hours. I was immediately telegraphed for, and on arriving at home in a few hours I found the child in a comatose condition, her pulse regular and about 110. I sent for Dr. Burns, and we soon went to work to remove the compressed bone, but after the removal of seven pieces of bone the comatose condition was not entirely relieved. She remained in a semi-comatose condition for five days.

We found the membranes ruptured in the anterior portion of the fracture, and portions of cerebrum oozing therefrom; in all about half an ounce was lost. The edges of the wound were united with stitches, the antiseptic used being a dilute solution of carbolic acid. In a short time the wound began to suppurate, and then became very much swollen. In the meantime I had returned to my place of business, leaving the patient in charge of Dr. Burns, who sent for me again when this last complication arose. I thought it would be best to open the wound in the lowest portion and let out the pus. On his doing so a considerable amount of pus escaped.

I again returned to my place of business, and in a short time Dr. Burns thought that the swollen condition was increasing, and cut the stitches. This caused the wound to gape open, and there soon appeared a hernia cerebri, about as large as a hen's-egg. Seeing this condition Dr. Burns called in Dr. Helm, of Rockford, and Drs. Donaldson and Herb; but they hesitated to advise active interference during my absence. On my return, in a few days, I found the hernia cerebri still increasing, and after a consultation with Drs. Burns and Donaldson I determined to ligate the tumor at its base. I accordingly tied it with silk ligature, drawing the ligature until the pulsation was almost diminished; and in a few days I again tied it, drawing the ligature until all pulsation ceased. It then began to heal under the ligature as the strangulated portion began to die and dry up; and in about fifteen days the tumor fell off, leaving the wound closed and nicely healed.

Harmon, Ill., Nov. 15, 1886.

MEDICAL PROGRESS.

PEPTONE.—DR. LABASTIDE, in the *Gazette des Hôpitaux*, publishes notes of cases showing the good effects of peptone. The first was that of a widow