and speaking loudly into his ear, could be made to take medicine or thin fluid food. The pupil of the right eye was dilated to about double the size of the left, and I could not observe any contractile movement in it when the light was suddenly admitted. The left iris was in its normal state, though perhaps rather more contracted. As the progress of the effusion had been rather slow, and the morning and evening exacerbations of a less active kind than is usual in the very acute forms of the hydrocephalic irritation, and the aspect of the case such, as might be fairly deemed lost, the incision was made, more as a forlorn hope, where no harm could be done or unnecessary pain caused, than from a reasonable expectation of success. On dividing the scalp about seven inches, no notice whatever was taken of it either by movement or voice. On the following day there was an evident appearance of improvement. The dossil of lint was taken out of the incision and replaced by another, and a long blister was then ordered to be applied to the spine, to keep an active counter-irritation going on. No internal remedies were used, except a little alkali and *mild* aperients to keep the mucous surface free from irritation. The incision was kept open as an issue, with a double row of peas, for about three months. The boy gradually and perfectly recovered.

After the incision has been made 24 hours, it is desirable to remove the straps of adhesive plaster, so as to remove all constriction from the scalp, and lessen the heat. Taking out the dossil of lint from the wound and replacing it by another is also useful, as it favours the early establishment of suppuration, and adds to the continuance of the counter-irritation. If the vascular action and heat continue about the head, leeches ought to be applied, and all the assistant means which a practitioner ought properly to use, to contribute towards allaying the increased vascular action going on in the brain. It has never been pretended that the incision is the sole remedy necessary in all cases; but that it is the most powerful means of any that I have ever seen, when used as I have described. That it should be successful in every case no rational person would expect; but I boldly assert that it will most materially assist in bringing many severe cases of cerebral disease to a successful issue, which are incurable without it. In conclusion I may add, that I have heard many persons express their most grateful thanks for the relief obtained from the incision, but in *no instance* have I ever been blamed for having had recourse to this remedy.

REMOVAL OF A KNIFE - BLADE FROM BETWEEN THE TRACHEA AND RIGHT CAROTID ARTERY.

By R. T. HUNT, Esq., Consulting Surgeon to the Lying-in Hospital, Manchester.

1843. March 23rd. James Knight was wounded in the neck, whilst on the ground, by a man who had knocked him down and fallen with him. The surgeon to whom he applied told him that the wind-pipe was cut open, but after carefully examining the wound, stated that he could find no foreign body in it. When I saw him on the 13th of April, three weeks after the injury, he was suffering from urgent dyspnoea, oppres-

sion and tightness of the chest, and fixed pain of the right side, extending through to the inferior angle of the scapula. His face was flushed, his pulse quick and throbbing, and he could not lie down.

There was a recent cicatrix about an inch above the interclavicular space, which felt much indurated, and my impression at the time was, that the tracheal cartilages had been lacerated, and had united very unequally. I bled him to 12 ounces from a large orifice, and complete syncope followed. When he recovered from the fainting, the breathing was much freer, and he felt relieved. He was treated with mercurials, hyoscyamus, and common aperients, and continued improving, but the fixed pain in the thorax did not entirely subside.

May 1st. He called upon me to inform me that something had made its appearance in the situation of the wound, and upon examination, I found the cicatrix ulcerated, so as to expose a small black angular metallic substance; and, upon endeavouring to remove it with forceps, it was so firmly impacted, that careful dissection was required for its removal. I extracted it in the presence of Knight's father and a police officer.

Length of blade.	2 inches 6-10ths.
Width	7-10ths.
Thickness at the back	1-10th.

When I withdrew the blade, its point apparently rested obliquely against the body of one of the cervical vertebrae, and its back was directed backwards and upwards. The bluntness of this point and of the edge of the knife will account for the carotid and other important structures so fortunately having escaped being injured.

I gave him an opiate and enjoined absolute rest and antiphlogistic regimen. He had a slight tickling cough during the next 24 hours, and the expectorated mucus was streaked with blood. The fixed pain in the chest was never felt after the extraction of the blade, and by the 10th of May he was perfectly recovered.

1844. March 23rd. I have to-day heard that he has had no chest affection since the last report.

ON THE GOOD EFFECT OF THE ERGOT OF RYE IN A CASE OF RETENTION OF URINE.

By THOMAS JEFFREYS, M.D., Liverpool.

We ought to feel much indebted to Dr. James J. Ross, of Cambusmore, Sutherlandshire, for having called the attention of the Medical Profession to the use of the Ergot of Rye in retention of urine, caused by a want of muscular power to expel it from the bladder, in paralytic patients; and as an opportunity occurred to me to test its effects the last week of January, I availed myself of it, and am much gratified in having it in my power to add this single instance in support of what he has still further made known. (See *Provincial Medical Journal*, vol. 7, p. 378.)

A gentleman, aged 69, who for nearly half a century had had the chief management of a very extensive mercantile establishment in Liverpool, in connection with one still more so in London, and had discharged the duties of his responsible situation with great punctuality and perseverance, during the whole of the