depends entirely on a rigidly aseptic technic, for if sepsis enters the field, gloom will usually crown the result. The skull should be entered if possible at the site of the extravasation. I would advocate that every medical man be prepared to handle surgically every case of skull trauma in which hemorrhage exists. Success depends on careful aseptic technic and prompt action. In every case of unusual and alarming symptoms in the new-born, subdural hemorrhage should be considered.

DISCUSSION

DR. F. W. PARHAM, New Orleans: Many times we may have a serious injury from compression or actual injury of the brain from depressed bone without any evidence of it in the skin, except extravasation; and in these cases it would be well to make an incision in the skin and find out positively whether or not there is depression of the skull rather than let the cases go until symptoms are manifested.

Petrolatum as a Substitute for Beck's Paste

DR. PETER S. SALATICH, New Orleans: Yellow petrolatum is easier to handle than Beck's paste and more readily obtained. Beck's paste requires a special syringe and some trouble to use. The method I use to prepare it for injection is simple. Petrolatum can be purchased in flexible tubes, already sterilized. Sterilize the amount necessary in an open vessel, set in the sterilizer or water bath, then draw it into one or more ordinary glass syringes and use partly warm or cool, as is done with Beck's paste. In the most foul and freely suppurating cavities, after one injection and without any other treatment, all odor and suppuration diminish. After an incision has been made (only a small one is necessary when petrolatum is used), all the pus is pressed out; the cavity is then filled with petrolatum and the wound needs no dressing for two or three days, at the end of which time very little odor and pus remain. The procedure is then repeated, and the dressings can remain for a longer period, only wiping of the abdomen with alcohol being necessary. It is marvelous how rapidly healing takes place in cases in which the entire wound above the fascial layers suppurates, and with less danger of hernia resulting. In all acute and subacute sinuses it is best to wait until a little serum or seropus exudes before injecting the petrolatum, especially if there is any fear of dead bone being at the bottom, which must be removed or the patient is made worse; for the petrolatum stops drainage and the pus must find some other means of exit.

Prostatectomy Under Local Anesthesia

DR. CARROLL W. ALLEN, New Orleans: In cases in which I have applied the principle of anoci-association of Crile by resorting to a preliminary injection of the prostate with anesthetic solutions, there has been an improvement in the results, as these patients show practically no change in their physical condition after operation. The control of hemorrhage is accomplished by the logical addition of epinephrin to the injected solution; the absence of all bleeding in patients so treated is most striking, practically no blood being lost at all, just enough to moisten a few sponges; thus there is a decided gain for the patient, the two-shock-producing factors being eliminated. The results of this technic have been borne out by a more rapid convalescence of patients, and this method combined with a two-stage operation, opening the bladder a few days before under local anesthesia, has enabled me to carry to a successful termination cases of badly infected bladders in fever patients, on whom I would have hesitated to operate by any other method. I would urge that even under general anesthesia the surgeon resort to the preliminary injection of a local anesthetic combined with epinephrin.

DISCUSSION

DR. E. L. SANDERSON, Shreveport: In drainage of the bladder after prostatectomy one should be careful not to have the tube press on the posterior wall of the bladder as it will cause trouble. At necropsy I have seen two or three cases in which the weight of the retention catheter had perforated the posterior wall of the bladder.

DR. E. M. ELLIS, Crowley: I believe that the combined method of operating on these patients, especially those with a highly infected bladder, namely, opening the bladder a week before the final operation, draining it through the suprapubic route and irrigating it if necessary with antiseptic solutions, will relieve the kidneys of all previous pressure and put the patient in a much better condition for the final operation.

Medical Education and State Boards of Registration

COMING EXAMINATIONS

ARKANSAS: Regular, Little Rock, May 13-14. Sec., Dr. F. T. Murphy, Brinkley; Eclectic, Little Rock, May 13. Sec., Dr. C. E. Laws, Fort Smith.

FLORIDA: Jacksonville, May 12-13. Sec., Dr. J. D. Fernandez.

MASSACHUSETTS: State House, Boston, May 13-15. Sec., Dr. Walter P. Bowers, Room 159, State House.

MICHIGAN: Y. M. C. A. Bldg., Detroit, May 22-24. Sec., Dr. B. D. Harison, 504 Washington Arcade.

NEBRASKA: Lincoln, May 28-29. Sec., Dr. C. P. Fall, Beatrice.

Nebraska February and March Report

Dr. C. P. Fall, secretary of the Nebraska State Board of Health, reports the written examination held at Lincoln, Feb. 12-13, 1913. The number of subjects examined in was 14; total number of questions asked, 100; percentage required to pass, 75. The total number of candidates examined was 4, all of whom passed. Five candidates have been granted licenses through reciprocity. The following colleges were represented:

PASSED

College	Year Grad.	Per Cent.
University of Alabama	(1912)	81.5
Northwestern University Medical School	(1909)	79.5
Creighton Medical College	(1911) 77.5; (1912)	82.4

LICENSED THROUGH RECIPROCITY

College	Year Grad.	Reciprocity with
College of Physicians and Surgeons, Keokuk	(1878)	Iowa
Drake University	(1905)	Iowa
University of Minnesota, Dept. of Med. and Surg.	(1890)	Minnesota
Jefferson Medical College	(1906)	S. Dakota
University of Tennessee	(1912)	Tennessee

The March 12 examination consisted merely of the oral examination of one candidate, a graduate of Baltimore University, 1896, who passed with a grade of 80.4.

Maine March Report

Dr. Frank W. Searle, secretary of the Maine Board of Registration of Medicine, reports the written examination held at Portland, March 11-12, 1913. The number of subjects examined in was 10; total number of questions asked, 90; percentage required to pass, 75. The total number of candidates examined was 13, of whom 10 passed and 3 failed. One candidate was licensed through reciprocity. The following colleges were represented:

PASSED

College	Year Grad.	Per Cent.
Cooper Medical College	(1895) 86; (1898)	82
Hahnemann Medical College of Chicago	(1912)	85
Medical School of Maine	(1912)	80
Maryland Medical College	(1912)	80
Boston University	(1912)	85
College of Physicians and Surgeons, Boston	(1912)	76
Tufts College Medical School	(1908)	85
Harvard Medical School	(1912)	84
Jefferson Medical College	(1905)	82

FAILED

Medical School of Maine	(1912)*	
Maryland Medical College	(1912)	70
College of Physicians and Surgeons, Boston	(1909)	74

LICENSED THROUGH RECIPROCITY

College	Year Grad.	Reciprocity with
University of Vermont	(1911)	Vermont

*No grade given.