

dural, while a comparatively slight injury leads readily to subdural hemorrhage because of the delicate walls of the blood vessels of the child. I make it a rule to advise the mother to awaken the child at intervals subsequent to any injury to the head for fear the so-called sleep may be in reality compression of the brain. Lastly, a word as to operation for some of the later effects of fracture of skull, especially epilepsy. Dr. Allen Star at the American Medical Association, 1906, stated that not more than 2 % of cases of epilepsy are open to operation, and that it was useless to trephine in this condition, even though caused by a fall or blow, unless the attacks presented the localized epilepsy recognized as Jacksonian, and further that in only about 20 % of cases operated upon has a permanent cure followed, some scar tissue or resulting adhesions favoring recurrence. My experience has been confined to three cases of epilepsy and with indifferent results. One was benefitted for a short time only, the seizures returning in a few weeks; one was lost track of, and in the third case no beneficial effects whatever followed the operation.

D. E. MUNDELL.

INFECTIVE JAUNDICE.

THE following synopsis of a case of infective jaundice in a boy aged 10 is of interest on account of the extreme severity of the attack, which produced absolute paralysis of deglutition and speech for a period of nine weeks, and of locomotion for several months, and ended in recovery after nine months.

J.S., a young boy of 10 years, was suddenly seized Friday, October 19th, with slight pains in the stomach and right