

being closely measured, and still the bone did not yield. The trephine was now deeper than the thickness of bone usually found at this point, and it was not until a depth of $\frac{5}{8}$ of an inch had been reached that the disc was free. The trephine opening was about one and a half inches from median line over upper portion of ascending parietal convolution,—this being the spot of most acute pain complained of by the patient. On removing the bone there were no adhesions found, the dura mater seemed normal and no bulging. This structure was incised carefully $\frac{1}{4}$ inch from bony margin and the pia mater exposed. There was no œdema of this tissue and no bulging of the cerebral structure. In the absence of any positive localizing symptoms and the fact of normal cerebral tissue presenting itself in the wound, we did not think we were warranted in interfering with the brain proper, as it seemed to us probable that the abnormal thickness of the bone might be sufficient to account for the trouble. The wound was closed without stitching the dura or replacing the button and united in the usual time. There was a marked numbness of the arm opposite to the trephine opening and a paretic condition of the leg on the same side, *i.e.*, opposite the wound, due, no doubt, to the pressure exerted by the effused serum in the scalp wound pressing upon the exposed centres. This gradually improved, however, and at the end of the week disappeared. About two weeks after the operation the original paretic condition began gradually to disappear, and at the end of two months the dynamometer showed in the right hand 70 deg., and in the left 65, a condition remaining to the present time. Dr. J. C. Connell reported that the optic neuritis has decreased in the left, and that the right disc was clear. The sensation is now normal; she has relief from the severe pain that made her life a burden, and to-day the eyes are as well as ever. The button of bone was apparently normal, it presented no hypertrophy—hence, our conclusion that the unusual thickness was a congenital condition.

Remarks: First, as to the case itself. It seems to us that if there had been a tumor present it would have, instead of the patient being as well as she is to-day, caused, if not death, at least such marked symptoms as to have clearly shown the effect of cerebral pressure, as nearly a year and a half has elapsed since