

The headache about this time became more acute and localized, so that on percussion there was a spot probably the size of a 25c. piece, very tender and situated about the upper portion of the ascending parietal convolution of left side. About this time sensation was very much lessened in the left arm and, to a less degree, in the right. The left leg was very insensitive, the right normal. Motion was also affected, especially in the left leg. The dynamometer registered for left hand 35 deg. and for right 40. The pain in the head was only subdued by the use of morphia hypodermically. There was no vomiting, and, by the end of April, two months after the onset of the symptoms, the optic neuritis had increased. As the clinical symptoms did not correspond to the effects of pressure on the centres at the situation of the pain spoken of above, we were diffident about advising surgical interference. The optic neuritis indicated pressure, but the parietic symptoms were most pronounced on the left side, and the pain was greatest and the optic neuritis most developed on the same side of head.

It seemed probable that we had to deal with either a localized necrosis of the parietal bone of left side or with a cerebral tumor presenting as occasionally occurs anomalous symptoms. (Dercum.) The inability of drugs to relieve the distressing symptoms and the increase in the optic neuritis and paralytic condition decided us as to the absolute necessity of an exploratory incision, and, so in the absence of definite localizing features, it seemed advisable to trephine over the seat of most intense pain. On July 3, under chloroform narcosis (to lessen congestion in case it would be necessary to incise the cerebral tissue), and, with the usual antiseptic precautions, we made the customary horseshoe incision, base downwards, with one sweep of the knife, a tight bandage having been previously placed around the head to control hemorrhage.

A one and a quarter inch trephine was employed, and when it was thought to be nearly through gentle side to side movements were employed to raise the disc. The latter, however, seemed remarkably firm, and, repeated use of the goose-quill probe showed that the bone was not yet divided. The rotatory movement was cautiously resumed, every turn or two