

of bone, between these, was sawed through, and the dura mater exposed. About one dr. of clear serum flowed out, and the brain, beneath the bridge of bone, removed, was seen through the meninges to be discolored. The middle meningeal artery was seen only as a cord, and did not pulsate. The brain was depressed.

The duramater was incised about one-eighth of an inch interior to the opening in the bone at the upper and back part of the opening, and was reflected forward, some adhesions being found between it and the discolored area, beneath. It was seen that the present opening was not sufficient to allow all the diseased brain to be enucleated, so a third button was trephine posterior to the former two, and the jutting angles of the bone were chipped off. The duramater beneath was reflected backwards. All the discolored area was now exposed and healthy brain substance seen all around. The diseased brain, which was of a brownish-yellow color, was depressed and did not pulsate. On incising into its centre about 2 dr. of a thick brownish fluid, with some debris, escaped.

Next I proceeded to carefully dissect away the diseased area, working towards the healthy cerebrum, and being careful not to cut too deep into the brain substance that looked normal. There was slight bleeding during this stage of the operation, but it was easily controlled by a few fine silk ligatures. The cavity, left, was conical in shape, with its apex directed inwards. Its base was about one-half an inch by two-thirds of an inch in diameter, and its depth about one-half inch. The cavity, having been carefully washed out with sterilized water, and dried, the reflected duramater was replaced and sutured with fine silk. A few fragments of the removed bone, having been kept meanwhile in a warm 8 per cent saline solution, were distributed on the dura, and a small opening being made through the scalp and periosteum to correspond with the cavity, a 1-16 inch soft rubber drainage tube was inserted into it. The scalp and periosteum were now

sutured in position; a second small rubber drain being placed under the scalp at the most dependent angle, and having applied a large antiseptic dressing, the patient was removed to his ward.

NOTES.

The patient remained in the hospital until July 9th, the temperature only reaching 99 deg. F. on three occasions, viz., the evening of the operation and the two days following the second dressing, at which time the drainage tube was removed. During the two months in the hospital he experienced four auras. The first ten days after the operation (dressed three days before, and stitches removed); the second and third four days later (when he was dressed for the second time, and the drainage tube removed); the fourth fifteen days later.

There was no suppuration, and the wound healed by first intention.

The paresis of the hand became less marked directly after the operation; and he was able to do acts which were previously impossible. The tactile sensation became practically normal, and his memory and general expression improved.

He remained well until December 1st, when he reported having had a fit during his sleep on the previous night. Later on in December he had a second convulsion and called to tell me that he was on his way home that day. On examining his head he complained of tenderness on pressure and a small amount of thick pus could be squeezed through a pouting sinus that, had appeared in the (injury) scar.

As the patient was determined to return home at once, I advised him to consult a surgeon as soon as he reached Toronto.

May 29th, 1897. C. R. writes me that Dr. Bingham trephined a second time on December 30th, 1896, and reports that a large piece of bone had grown since the first operation, and that it was taking a downward curve, pressing on the brain; also that the new bone was necrotic in places.

He experienced two auras ten days after