

wound over the left parietal region. The boy wore a hard felt hat at the time, which afforded little protection from the blow. The hat afterwards showed a small hole which had been completely punched out by one of the prongs of the rake.

The case was seen by Dr. Cameron in consultation, on the evening of November 27th. Previous to this Dr. Cleland had treated the wound, syringing it with carbolic acid solution and applying a gauze dressing. Dr. Cameron found a wound about the size of a sixpence near the left parietal prominence, thick pus was oozing from it. There was little swelling or bogginess around the wound, and the discharge from it was not great. There was no motor palsy, the eyes were parallel, the pupils equal; the tongue was protruded straight and readily. He could reply "yes" and "no" appropriately to questions asked; when asked to say anything else he would simply say, ah-ah-ah—yes, and would go through this formula again and again when asked to repeat any word. He could count fingers from one to five. When asked how many fingers on both hands extended before him, he insisted that there were eleven; when asked how many five plus five made, he replied nine, but subsequently said ten. This is curious when considered along with the fact that since his recovery he can count and make such simple additions accurately. Temperature, 100.2°. Pulse, 60. On the day previous the temperature had been slightly over 100°. There had been no vomiting. He attempted to vomit once on the day of the accident, but never since. The symptoms of aphasia did not appear until the second day after the accident.

On the evening of November 29th he was admitted to the hospital.

The condition of the patient remained unchanged, except that he apparently became more drowsy, and lay perfectly quiet unless disturbed by someone addressing him. At eight o'clock on the morning of November 30 the temperature was 96°. The operation was performed at 9.30 a.m. An incision was made, beginning one inch behind the scalp wound and carried downwards, forwards and upwards, in the form of a semi-circle, ending one inch in front of the wound, the centre of the incision being three-quarters of an inch below the wound.

The flap thus marked out was dissected up along with the periosteum; the hæmorrhage was checked and the injury to the skull investigated. The dura mater was bare over an area about the size of a three penny bit. The superior margin of the hole in the skull, including a piece of bone about one-half inch square, was depressed; the depressed portion consisted of both tables of the bone. Whilst removing some dirt and debris with the forceps, a few drops of thick pus welled out, it had been confined under some degree of tension; a piece of black cloth one-quarter inch square was extracted from the centre of the wound. On attempting to use the trephine, a portion of the superior margin of the opening in the skull was broken off by the pin of the instrument, and removed; a ragged fragment of bone was removed from beneath the inferior margin by means of dissecting forceps. The dura mater was lacerated, but appeared healthy; the depressed fragment of bone was raised; it was not thought necessary to make a more extensive opening in the skull, as there was an opening of considerable size left, exposing the dura mater, after the depressed portion was elevated, thus free drainage was secured. The parts were thoroughly cleansed with 1-2000 perchloride of mercury. The periosteum was drawn together as far as possible; the edges of the skin flap were united by suture; a drainage tube was inserted through the punctured wound, whose edges had been trimmed. The tube was carried within the dura mater. A Keith's dressing of carbolic and glycerine in absorbent wool was applied after dusting with iodoform; over this a gauze pad and a bandage.

The child's condition since the operation has not presented many points of interest. Occasionally a frontal headache was complained of, and, curiously enough, during these attacks the temperature invariably fell to 97° or even 96°. A dose of calomel followed by a saline purge always relieved the condition. During the third week after the operation he became unable to open his mouth except to a very limited extent, and during his efforts to do so his chin became deflected towards the left; this condition lasted for three or four days and then passed off. The child has otherwise made an uninterrupted recovery, the aphasic symptoms have gradually