continued, and, after freeing the bone from its coverings, a disk of it was removed by the trephine. Two pieces of loose bone were then easily extracted. They were very thin, and lay well down towards upper part of superior lobe The pieces of bone elevated and reof ear. moved were together nearly an inch in diameter. After this was done the flow of blood seemed to cease from the deep parts, and a few minutes compression stopped all oozing from the more superficial portion of wound. As far as could be seen by the rather dim light of a hand-lamp the dura mater was not materially injured. Α one in twenty solution of carbolic acid was then applied to raw surfaces, and the hair cut closely away for several inches around. small rubber tube, about one and a half inches in length, was placed in wound and its edges brought together with four or five sutures. Carbolic gauze dressing and bandage firmly applied. At 1 a.m., when I left patient, he was sleeping quietly, the pulse beating at 100.

Oct. 4.—Visited at 9 a.m. He had not slept much and had vomited several times. This had probably caused some renewal of hemorrhage whereby the dressings were pretty well stained. Pulse 92; temp. 98.8°. Wound dressed under spray. The bowels not having moved, a saline cathartic was ordered. Also to have light diet and to be kept perfectly quiet.

9 p.m.—Vomited two or three times to-day. Pulse 84; temp. 99°. Bowels moved slightly.

Oct. 5, 9 a.m.—Slept fairly well. Little or no pain. Dressed again under spray. Pulse 72; temp. 99°.

7 p.m.-Pulse 72; temp. 99.2°.

Oct. 6, 9 a.m.—Had some pain over left side of head last night and did not sleep much. He also still has a feeling of nausea. Pulse 70; temp. 98.6°. As he had had no free action of bowels from saline, a drop of croton oil was ordered every two or three hours till purging occurred.

6 p.m.—Four motions of bowels from one dose of croton oil. Pulse 68; temp. 99.6°. Ordered a mixture of chloral and bromide of potassium for the night. To be taken if restless.

Oct. 7, 9 a.m.—Took half a drachm each of chloral and bromide during night. Slept fairly well. Not so much headache as yesterday. For the first time there was noticed an inability to express himself readily in words this morning, he being unable to get the names of some of the most common objects, and sometimes calling them by wrong names. Pulse 64, temp. 99.7°.

Oct. 8.—Slept three or four hours without sedative. Pulse 64; temp. 99.2°. Ate an egg and toast for breakfast with relish. Wound dressed. Slightly turbid serous discharge. Wound all healed except at site of tube. Latter shortened. Is quite bright this morning and smiles at the mistakes he makes in conversation.

Oct. 9.—Slept fairly well without chloral mixture. Pulse 64; temp. 98.5°.

Oct. 11.—Eating and sleeping well. Little or no pain. Pulse 68; temp. normal. Seems to experience most difficulty in getting hold of words he wishes to utter on first awakening from sleep.

Oct. 12, 8 p.m.—Wound dressed. Drainagetube removed. Slight discharge on dressings. Speech is rather better to-day. After a little hesitation he can express himself quite correctly. Pulse 68; temp. 98.5°.

Oct. 14.—Doing well. Pulse 60; temp. 98°. Oct. 19.—Wound dressed. A very little pus seen. Pulse 62; temp. 98.8°.

Nov. 5.—Dressing renewed for the third time since last report. Probe enters a sinus where tube had  $lain \frac{3}{4}$  of an inch in depth, and touches something in its course which feels like a bit of loose dead bone.

Nov. 12.—Wet boracic lint substituted for gauze dressing. Nothing can be felt in sinus to-day, although probe still enters about as far as before.

Nov. 19.—A bit of hard wood, about onesixth of an inch in diameter, was picked out of sinus near its outlet to-day.

Nov. 23.-Part entirely healed.

Remarks.—This case is chiefly interesting, perhaps, as one more illustration of the fact that the power of speech is in some way intimately connected with the left side of the brain, and, more definitely speaking, with the convolutions in the neighborhood of the island of Reil. I regret that I did not make more observations as to the patient's ability to read and write, but I must admit that it was partly owing to my ignorance as well as, perhaps, to some care-