

horse, which caused a depressed fracture of the posterior part of the right parietal bone. This was followed by stupor and dilatation of the left pupil. At no time was there any absolute loss of consciousness. The depressed bone was removed. Two tablespoonfuls of brain matter came away. He made a good recovery.

The following is his present state: There is complete loss of bone in a region which is normally occupied by the posterior and inferior part of the right parietal bone. This region is the seat of pulsation.

He is as intelligent as he was previous to the accident. Functions of all the cranial nerves normal. There is no paralysis of motion or sensation. The dilatation of the pupil which was present at first disappeared in a week, and at the present time there is to be detected no difference in the size of the pupils.

[These two cases are, exclusive of their great surgical interest, of great importance from the fact of their being a contribution to the literature of cerebral localization. Two boys about the same age receive injuries by which they both lose about two square inches of skull on the right side, and nearly in the same situation, and both lose about the same quantity of brain matter. The result in one case is complete paralysis of the left arm, complete paralysis of the left leg, and greatly diminished intelligence. The result in the other case is complete retention of intelligence, sensation, motion, and the special senses. In the former case (Dr. Worthington's), the loss of brain substance has taken place from the regions corresponding to the lower antero-parietal area and the lower part of the upper antero-parietal area. The convolutions that correspond to these areas are the ascending frontal and parietal, and the posterior part of the three frontals; and as the former are the seat of motion for the opposite extremities; and the latter the seat of intelligence, the explanation of the effects of the injury are evident.

In the second case (Dr. Sloan's), the loss of brain has occurred principally in the lower postero-parietal area, only a small portion of the part corresponding to the posterior part of the lower antero-parietal area being involved. These regions correspond to the upper tempo-

sphenoidal convolution and the gyrus supra-marginalis, destruction of which has no effect on either intelligence or motion. Irritation of the superior temporo-sphenoidal convolution causes dilatation of the pupil of the opposite eye and a turning of the head and eyes to the opposite side. The dilatation of the opposite pupil was present for a period of a week in this case, but there is no record whether there was any deviation of the eyes or not. It is not known whether the patient was able to see with his left eye or not.—[Note by Secretary.]

Dr. Campbell, of Seaforth, showed a woman, aged 58, affected with paralysis agitans of the right extremities. Last August she felt her right hand becoming weak, and two months afterwards the thumb and forefinger of the same hand commenced to tremble. The tremor then gradually extended to the whole of the right side, and she can only prevent it by grasping firmly some object. At first the tremor ceased during sleep, but it is now continuous except when she puts the muscles into use.

On two occasions lately she has had attacks apparently of an apoplectiform character. During one of these seizures there was loss of speech and difficulty in swallowing. Both sensation and motion are depressed in the right extremities; the former markedly so, the latter but slightly. Patient walks with a shuffling gait, and is inclined to run forwards.

Drs. Stewart and Hurlburt showed a case of exophthalmic goitre in a woman aged 32. The first symptoms made their appearance very suddenly nine months ago. At present there is marked enlargement of the thyroid, protrusion of the eyeballs, and palpitation of the heart. She has been taking *jiss.* of the Fl. Ext. Ergot daily for three weeks, but as yet with no results.

Dr. Worthington showed a boy, aged 14, who is wearing a "Wyeth's Extension Jacket" for disease of the fourth and fifth dorsal vertebrae.

Dr. Hyndman showed a case of necrosis of the lower jaw.

It is proposed to call a meeting of the Profession in the city shortly, to arrange a general meeting anent the formation of the Ontario Medical Association.