

direct your attention to the points of practical interest. I am sure the details would not interest you, and I am not sure that any new facts will be presented, but a few points in connection with them may be of interest to those who are workers in brain surgery.

Case 1: E. B., æt. 17. On the evening of Feb. 14th, 1888, I found him in bed in a comatose condition, with his head and face covered with blood and bits of hay. His mother stated that he had walked, about 8 o'clock, into the house alone, went up stairs and threw himself upon the bed. She spoke to him, but he would only utter the names of two persons—his brother and a young man belonging to the town. His mother stated that he left home in the morning to go shooting. As one of the names mentioned was that of a farmer about a mile distant, the first impression was that his gun had burst and injured him, and that he had lain by some haystacks which were near the barns. The auricle of the right ear was lacerated, and a compound comminuted depressed fracture existed just in front of it, involving the squamous portion of the temporal just above its junction with the petrous. The wound was filled with seeds, bits of hay, and clots. Nothing of a sensible nature could be gotten from him. When disturbed he would say, "Let me sleep." Dr. Sutherland came to my assistance and anesthetized our patient. The wound was thoroughly cleansed, the depressed fragments elevated, and those becoming loose were removed. The membranes were found torn, the brain lacerated, and, when the operation was completed, bone to the extent of a fifty-cent piece was removed, exposing the middle meningeal artery. The wound was put in a condition that no injury was likely to accrue from the remaining portions. The projecting spicula were left, thinking they would help to fill in the opening. The result was satisfactory, the merest scale coming away before the healing of the wound. The wound was washed out, a drainage tube inserted, and the opening closed and dressed antiseptically. Before finally dressing the wound, however, the whole head was carefully examined and a large swelling detected in the left temporo-parietal region, and an open wound a little farther back. This swelling was laid open, the clot turned out, and the wound well washed.

The bone was found bare to a considerable extent, and a bevelled depression nearly three inches in extent was quite apparent, but not deep enough, I thought, to warrant interference, considering his youth and the free opening on the opposite side. The wound was well cleansed and dressed antiseptically, including a drainage tube. It was the presence of this left wound that caused me to think the lad had met with foul play, and I at once sent for a policeman, whom I acquainted with the facts and my suspicions. He set to work and next day got on the track of the assassin, who had fled to the States. It afterwards appeared that the boy had been hammered to death, as it was no doubt thought, about 11 a.m., in a hay loft. He remained there until about 8 in the evening, when, consciousness returning, he got down from the loft, crossed the street to his home, and went upstairs to bed as before stated. I will not trouble you further with this case than to state that he slowly recovered his senses, it being three weeks before he was at all manageable. The wounds were regularly dressed antiseptically. He came down stairs and took his meals on March 21st, and gave his evidence in court against his would-be destroyer on April 4th. The points of interest in this case were the readiness with which I was able, from the nature of the wounds, to put the police to work, the extent of the injuries, and the satisfactory recovery. He is now doing a man's work on the farm, carries his marks, but feels no ill effects from the injuries. In fact, it is thought that he is much wiser than before the accident. In this case a trephine was not used; a pair of bayonet root tooth forceps and a pair of scissors proved exceedingly satisfactory. I only took the precaution that every source of irritation was removed and thorough antisepsis carried out.

Case 2: M. J., æt. 4, a victim of a railway accident, Feb. 27th, 1889. This little girl, it was thought, was thrown forwards and struck her head in the left parietal region, at the upper and posterior part, on the corner of a stone. The result was a compound comminuted depressed fracture, with slight injuries to the membranes, one of the fragments being driven underneath the sound bone. A large movable fragment, the lower portion of the parietal, was