day vomiting set in, and inability to take nourishment. Though the vomiting was not severe, the patient gradually failed, and died on eighth day.

Dr. C. A. WOOD then read the following paper on a

CASE OF CEREBRAL SURGERY.

I have made the presentation of a case of brain wound occurring in my practice the excuse for saying something to you about those recent advances in cerebral surgery that have excited so much interest both in this country and abroad. For example, it was generally admitted that Prof. Victor Horsley's paper on this subject, to which I shall refer later on, was the most valuable contribution made to the surgical section of the British Medical Association during its late meeting in Brighton, and we have also daily evidence of the increasing interest in the surgery of the brain from the continual reference to it in our periodical medical literature. Of course, I need hardly say that those with hospital and other extensive opportunities are most competent to give opinions of value in this department of surgery; and I trust my paper will at least be the means of eliciting expression of opinion from gentlemen present who have the best right to speak. For the notes of the case, I am indebted to my friend, Dr. Hutchison, who had charge of the patient during my absence from the city, and who saw him almost daily during the entire illness:

R. R., aged 4 years and 2 months, was running across the street with a pea-shooter, about 18 inches long, and ⅜ inch in diameter. He fell, and struck his head against the end of the tube held upright in his hand. The hollow cylinder passed through the left lower eyelid, and entered the orbit about a quarter of an inch from the margin, inflicting an injury to the brain itself. The tube entered 2¾ inches, and was with difficulty withdrawn by a neighbor, who, we afterwards learn, noticed upon the end of it some putty-like substance, mixed with blood. The accident occurred on the 10th May, about 10 o'clock, and he was first seen a few minutes afterwards. Child unconscious; extensive contusion of tissues surrounding wound; left pupil dilated, with no response to light. Right pupil is normal, and responds to light. Pulse very weak and slow, and vomiting almost constant. Respiration slow and labored. Dr. Wood took charge of patient at 10.30 A.M. There was then no response to light in either eyes, the left pupil dilated and immovable, child pale and restless, and the vomiting had ceased. There is slight proptosis. There was complete motor and probably sensory paralysis of right side, and convulsive movements of upper and lower limb, these movements being chiefly marked in right arm. The convulsions continued all day, and for a short time before they ceased there was simply spasm of right arm. At 9 p.m., right eye responsive to light; no convulsions; no return to consciousness; temperature 100 ° F.

May 13th.—Patient has remained in about the same condition since last note, but now shows signs of returning consciousness. Takes food with some difficulty, and when asked will protrude tongue, whose deviation to right side is marked. Bowels moved by enemata.

May 16th.—Eyes examined by Dr. Proudfoot. There is a slight serous and bloody discharge from the wound; the conjunctiva is much inflamed, and protrudes over the margin of the partially everted lid; the soft parts about the eye are greatly swollen and discolored. The apparent protrusion of the eyeball about the same as day of injury. Morning temperature 101½ ° F. The inflamed conjunctiva was incised, and the wound kept open by cotton drain. A week after the accident, there is a slight return to consciousness; pulse 150, temperature 101½ ° F.

May 18th.—Temperature, 9 A.M., 103 ° F., pulse 150. There is no discharge from the wound. No vision in right eye. Child partially comatose. Requested permission to have wound opened for purpose of drainage, but it was refused. Child's condition worse.

May 19th.—Morning temperature 103 °; evening 104 °. Restless, head extended and drawn to right side, muscular spasm being so great as to prevent its being drawn forward.

May 20th.—Temperature at noon 105 °. Ordered 5 grs. quinine. Patient unconscious.

May 21st.—Dr. Proudfoot again saw the patient; made an incision over site of wound, introduced drain, and applied poultice. On the 22nd, there was a slight discharge of sero-pus from the wound, temperature fell to 103, and child became more conscious.

May 24th.—The discharge continues, but the temperature is 104 °, and child's condition unimproved. This state of things continued until the 29th, when the child died comatose. To the great regret of Dr. H., he was unable to obtain a post-mortem.