It may be observed that a considerable time elapsed since the brain traumatism occurred, and that damage from that source, had it been of a serious nature, would have manifested itself at an earlier period. Such an observation has plausibility and might seem to have weight, but experience has proved that such a conclusion or contention has little or no weight in fact, because brain injuries may remain apparently harmless for years and afterwards develop into serious trouble both physical and mental. Many cases might be cited in proof of this statement. I will content myself with referring to one. It is that of a girl ten years old, who received a scalp wound, and a circumscribed fracture of the parietal bone, near the crown of the head. There was depression of the bone but the party who dressed the wound did not discover it. The child soon recovered from the scalp wound, and nothing more was thought of the matter for years. We first saw the girl when fifteen years old, and were asked to prescribe for sick headache attended with occasional nausea and vomiting. This proved obstinate, and a careful survey of the cranium was made and the depression discovered, which brought to light the brain traumatism. No treatment gave more than temporary relief; in fact the migraine increased in severity, and following this vertigo and semi-unconsciousness; then slight epileptic seizures, and later severe seizures, and finally insanity, recurrent at first, but becoming continuous.

In the meantime we trephined at the point of injury, removing the depressed bone, with only temporary relief. Finally the patient died in the asylum from persistent epileptic seizures. A post mortem revealed simply a fibrous thickening of the dura mater extending over a circular space of about two inches in diameter.

The conclusion may not be inevitable but in view of all the facts in our possession connected with this case, and in view of the many strange and inexplicable mental obliquities that brain traumatism develops in persons who have a tendency to the production of a neurosis, and on account of the unsatisfying and irrational explanation on any other grounds, may we not legitimately reach the conclusion that Mr. A.'s inhibitive powers were, in respect to these overt acts of his, in a state of suspense or paralysis; and that he was impelled by an impulse which was for the time irresistible, and over which he had just the same control that he might have over an epileptic seizure, or as he might have to restrain from an insane impulse to commit suicide or a homicide.

OCULAR HEADACHES.*

By G. Sterling Ryerson, M.D., L.R.C.S. Edin.
President Toronto Clinical Society.

It has been the custom of some presidents of medical societies to review the history of medicine from Hippocrates to the present day, and of others, to furnish a digest of the progress of medical science during the past year. Each course of procedure has its respective merits. I prefer, however, to conform to the idea of this society, and discuss briefly some clinical facts of interest in connection with *headaches.*

For our purposes, I will ask your attention to the headaches caused by (1) refractive errors, (2) anomalies of the muscular apparatus, (3) functional nervous disturbances of the eye. I will not at this time attempt to discuss headache in its general relation to other disorders, but will limit myself to these three classes.

* Abstract of President's address at meeting of Toronto Clinical Society.