

to light, moderate sensibility of the limbs, as they twitched slightly when pricked with a needle, and the patient was more easy although still unconscious, but in a less degree. Taking into consideration this amelioration of the symptoms, also, as I then supposed, the small power of the projectile, and again that most probably the bullet had taken an upward and forward course (judging from the way in which a right-handed man would most naturally perform the act, the muzzle of pistol higher than his hand, and his head turned slightly to the left), I began to hope that, perhaps, the ball had not penetrated the skull, but might have glanced off the bone and be lodged in the scalp. With this idea I again carefully examined the patient, but could find no evidence in support of this supposition. This comparatively improved condition lasted for about two hours, during which time all the usual remedies were tried to restore consciousness, but although the insensibility lessened to a considerable degree, he never recovered sufficiently to swallow or speak. Between 11 o'clock and midnight, without any apparent reason, the coma increased very rapidly, and became so deep in such a short time that I saw I was mistaken as to the amount of injury done, and that it was very much more extensive than I had supposed, and I therefore considered it certain that a severe and copious hemorrhage had suddenly taken place from some large vessel which had been wounded by the shot, and temporarily plugged by a coagulum which had given way under the reaction, and that trephining would not be of the slightest use, or indeed give the most distant hope of success. The post mortem justified my prognosis. Death took place at a few minutes before 7 o'clock a.m., of the 27th instant.

At the request of the Coroner, I made a post-mortem examination of the head of the deceased the same day, eight hours after death. Rigor mortis well developed. On removal of the calvaria, I found that the bullet had passed through the anterior inferior angle of the right parietal bone, cutting the anterior branch of the middle meningeal artery below its division. The hole in the outside of the bone was quite round and clean, but on the inside it was five or six times larger and very irregular, pieces of the inner table being splintered off, many of

which I found imbedded in the brain substance. There was a clot as large as a man's closed fist from the meningeal artery, and an enormous effusion of serum both outside and inside of the membranes, the dura mater being detached from a large surface of the bone. At the base of the brain, in front of the crura cerebri, was another clot as large as a small orange, and in this clot, close to the optic commissure, I found the bullet. I was unable to ascertain from which artery this clot came, probably the middle or anterior cerebral. I am sorry to say that, as the Coroner's jury were waiting for me, I cut away somewhat hastily in my anxiety to get the ball, and it was too late to make a more careful examination when I found the second clot, as the parts were so much broken up.

*Remarks.*—My idea of how the shot was fired, certainly the most natural way, was just the opposite of the fact, for the pistol must have been held in exactly the reverse way, to direct the bullet inwards to the base of the brain; that is to say, hand higher than the muzzle, and head turned slightly to the right, *"and more than that, he must have pulled the trigger with his thumb, as, from the direction of the wound, he could not have reached the trigger with his fore-finger without straining the hand very much, in fact I doubt its possibility."*

During the past fifteen years I have performed or assisted at a large number of post-mortems of persons killed by brain injuries of all kinds, and the above is the first case in which I ever saw two such large and distinct clots.

#### CASE OF SPINAL APOPLEXY.

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(Read before the Medico-Chirurgical Society, Dec. 12, 1879.)

J. G., æt. 40, married, a carpenter, was admitted into hospital on 8th September, 1879, in a condition of paraplegia. His history is as follows:—For some years past he has been a hard drinker at times; on the morning previous to admission into hospital, being Sunday, he took four or five glasses of spirit, and lay down on the floor of his room, where he fell asleep: he lay there five or six hours, when he