

peritoneal collection of fluid. It was, however, at once obvious that it could not be advantageously dealt with through the median incision, which was at once closed. To make sure of the nature of the contents, a fine aspirator needle was now passed into the tumor from the loin behind. A dark brown fluid containing numerous iridescent crystals at once appeared.

I next made an incision $1\frac{1}{2}$ inches long over the most prominent part of the enlargement, on a level with, and three inches to the left of, the umbilicus. On exposing the tumor, a long curved trocar was plunged into it, and 70 ounces of fluid withdrawn. The trocar opening was enlarged sufficiently to admit the finger. Its edges were stitched to the edges of the abdominal wound, and a glass drainage-tube inserted to the bottom of the cyst. The fluid, on standing, deposited a thick greyish-white sediment, which the microscope shewed to be pus, with cholestearine crystals. The subsequent course of the case was toward recovery, absolutely without interruption. All pain and fever disappeared from the moment of the operation. The cavity rapidly shrank and secreted only a little thin purulent fluid, which was removed through the tube by a Lawson Tait's sucker. The glass tube was replaced in a few days by one of rubber, which was gradually shortened as the cavity contracted, and was still kept in the opening when the patient was discharged from hospital on the 14th January, 1887, twenty-eight days after the date of operation. The history and clinical characters of the dense thick-walled cyst and its contents leave, I think, no room for doubt that it was congenital; while the sudden onset of the acute symptoms can be explained only by the advent of inflammation and suppuration. Such cysts are, without doubt, very rare. The point of origin of the cyst was clearly in the neighborhood of the kidney; but there were no evidences of involvement of that organ. There was no history of any injury which might have explained the sudden onset of the acute symptoms. The interior of the cyst, as felt with the finger, was uniformly smooth.

The treatment, so far as the site of election for opening and drainage of the cyst is con-

cerned, is doubtless open to criticism, inasmuch as it involved opening the peritoneal cavity. The opening could have been made by the loin without involving that cavity. I am convinced, however, that the objectors will be found among surgeons with little experience in abdominal surgery, and who are still imbued with the traditional dread, now so fast disappearing, of wounding the peritoneum. As I write, February 7th, the patient is quite well, and a week ago took a situation as housemaid.

CASE OF COMPOUND FRACTURE OF THE SKULL.

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(Read at Toronto Medical Society.)

J. B., male, aged 24, has always enjoyed good health. On Oct. 3rd, 1881, while patient was in a state of partial intoxication, he was struck in left temple by a piece of a broken axe-handle thrown from the hand of another person. A wound was thus produced in the scalp a little in front of and above the upper lobe of ear, which bled pretty freely. A medical man, who happened to be near at the time of the accident, cut away a little of the hair and applied some strips of adhesive plaster. The bleeding continuing, I was summoned at 10 p.m., five hours after the blow had been struck. On examination, under chloroform, I found a semi-circular flap of scalp about five-eighths of an inch in diameter, with its free border directed upwards and backwards, in the locality above-mentioned. Its edges were clean-cut, and in the centre of the flap was a small punctured wound. On passing in finger by the side of flap I found a deep wound extending somewhat upwards and backwards through the temporal muscle and skull, the aperture in the latter being apparently considerably larger than that in scalp. Some loose pieces of bone were felt at the bottom of the opening, lying about half an inch below the general level of the surrounding skull. These I attempted to elevate from their bed, but I could get no hold on them, and my efforts in this direction produced rather free bleeding.

Operation.—Having sent out for my friend Dr. Coburn to assist me, the chloroform was