

loudly, and would answer any question put to him, sensibly enough, but would immediately go to sleep again, skin warm; the blood would still flow freely from the left ear on his making any exertion, while serum was oozing from the right one in considerable quantities. On our representing to his friends the necessity for an operation, they would not agree to have it performed, preferring, as they said, to let him die in peace, because we could not assure them that it would save his life. On receiving their refusal we separated, much against our inclination, as we considered the case called for the operation. On Sunday night the friends reconsidered their opinion and sent me word that they were willing we should do whatever we thought proper. Immediately, I sent word to the other medical gentlemen, and on Monday morning, the second day after the accident, we met again, and proceeded to perform the operation of trephining, using for the purpose a medium sized trephine, and removing a disc from the sound bone above the depressed portion, when, by means of an elevator the depressed bone was quickly raised into its normal position. I may here mention that we had previously endeavored, by means of the elevator alone, to raise the displaced part, but had been unable to do so. On removing the disc loosened by the trephine, fully 3ij. of dark-colored but fluid blood escaped. When the edges of the fractured portions of bone were examined, it was seen that the bone broke with a bevel, the inner table of the skull breaking about $\frac{3}{4}$ of an inch in advance of the outer table. The overlapping of the two portions was more than $\frac{1}{2}$ an inch, owing to this. After the operation Mr. B. was put to bed, cold cloths and pounded ice was applied to his head, and a brisk cathartic was administered after an interval of 3 or 4 hours. His bowels moved freely several times; in a few hours the symptoms of compression nearly all disappeared, and he became quite sensible. He rested well during the night and the next day was, and expressed himself as being very much better. The after treatment consisted in keeping him mildly under the influence of hyd. submur for about four weeks, administering ol. croton tig. and ext. coloc. co. in sufficient quantity to keep [the bowels freely

open, perfect quietness in a cool, dark room enjoined, diet rather low, and applying cold cloths and pounded ice to the head. As the weather became warmer a little carbolic acid was added to the water applied to his head for the purpose of keeping the flies away. Under this treatment he steadily improved. On the 21st day he had a sharp attack of fever, with pain, heat and throbbing in the region of the fracture, but on giving him a few doses of a mixture containing tr. verat. vir., in combination with ant. tart, and liq. ammon. acet. these symptoms soon disappeared. He has had no medicine now for the last month, and is, I may say, almost well. Of course I have ordered him to abstain from any severe manual labor, but he goes around and oversees his farm, and performs light jobs at times. His pulse is strong and regular, his appetite is good, he has no pain or uneasiness in his head, and the external wound is nearly healed up. There is, however, a slight inclination of his mouth towards the left side when he speaks, and slight paralysis of the right eyelid. With these exceptions nothing is observable to show that he has so lately passed through such a severe ordeal.

That recovery should take place from such an extensive fracture, extending, as it did, nearly entirely across one side of the skull, is a matter of astonishment to all of us who saw the frightful nature of the injury, and I publish the case in the hope that its recital may be of benefit to some brother practitioner, who may be called upon to take charge of a similar, apparently almost hopelessly injured patient. It is, of course, impossible for us to tell the extent of the fracture at the base of the skull, but the symptoms above-mentioned certainly seem to show that such a fracture did exist there.

ON THE KATIPO, A POISONOUS SPIDER OF NEW ZEALAND.

BY F. W. WRIGHT, L.M.B., TORONTO,
L.M.P. NEW ZEALAND.

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I have presumed to offer for the consideration of the Medical Section of the Auckland Institute the following memorial on the Katipo, a