

bone between the trephine opening and the saw cuts was removed with bone forceps, and the dura mater exposed. This was very adherent to most of the bone, and it was with some difficulty that it was separated. Then the dura mater was separated from the floor of the middle fossa as far as the foramen ovale and rotundum. There was a great deal of hemorrhage accompanying this separation.

At this stage of the operation the patient stopped breathing and his pulse became very weak, so that we had to do artificial respiration for a few minutes, when his breathing returned, and his pulse improved. We decided, however, that as he had suffered a considerable amount of shock, it would be unwise to continue, and we would divide the operation into two stages. Gauze was therefore packed in between the dura mater and the floor of the middle fossa, and the skin incision closed, allowing the packing to come out at lower angle of the incision, in front. The operation took fifty-five minutes. There was no hemorrhage from the middle meningeal artery, and it was not tied.

For the first twenty-four hours after the operation the patient was wildly delirious, and we had great difficulty in keeping him in bed. During the second twenty-four, although he was still delirious, he was more manageable, and at the end of sixty hours he became conscious and partly rational. At the end of five days he was quite himself again. On the second day after the operation, as there had been a considerable amount of oozing, the dressing was changed, and while doing it a smart hemorrhage occurred. I tried to catch the bleeding point with artery forceps, but was not successful, and I therefore packed in a quantity of iodoform gauze. This had the desired effect, and the bleeding ceased.

Eleven days after the first operation, on the 12th of May, he was given ether, and the second stage of the operation was performed. Owing to the former experience, which we thought attributable to chloroform, we decided to give him ether, and this was administered by Dr. McMahon—and I may here state that he took the anesthetic nicely, and his pulse remained good throughout, and I regretted that ether had not been used on the first occasion. Drs. McCollum and Nevitt again assisted me.

The sutures were removed and the flap turned down, and the gauze packing taken out. The dura mater was covered over with lymph. A retractor was placed beneath the temporo-sphenoidal lobe, and it was lifted up from the floor of the middle fossa, and by means of a reflector and a head lamp a good view of the deep wound could be had. The foramen rotundum was found, and the superior maxillary nerve was surrounded by a blunt hook and a ligature passed around it, and the nerve was cut beyond the ligature, close to the foramen.