

After carefully washing out the cavity, it was dressed antiseptically, and this was renewed every day.

Two days later, several smaller pieces of the internal table were removed, and the cavity left, after the escape of the diseased brain substance was carefully measured. It was found to be elliptical in shape, being $1\frac{1}{2}$ inches long by $1\frac{3}{4}$ inches broad, and 1 inch in depth. The direction of its long axis was represented by a line drawn from the post. inf. angle of the right parietal bone to the middle of its superior border, and its deepest point was just below the parietal eminence.

In a few days healthy granulations had sprung up, and by June 7 the cavity was so nearly filled that the man was allowed to leave the hospital.

It is interesting to note the length of time that elapsed between the receipt of the injury and the appearance of the discharge; and also the entire absence of any paralytic or cerebral symptom after such a large loss of brain substance.

REMOVAL OF SPLEEN.

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Although this case was a failure as far as the result was concerned, yet there are some points of interest connected with it which makes it worth recording.

Enlarged spleens are common enough in India, but the operation of removal is seldom performed, nor would I press any one to undergo it, although several successful cases have been recorded. The risks are so great that after a proper explanation of them has been given to the patient he may well be left to decide as to whether he is willing to undergo the operation. This patient came into the hospital urgently requesting to have the spleen removed, and therefore took on himself the bulk of the responsibility. At first he was treated in the medical wards by Surgeon Dimrock, but only a very slight improvement took place in his condition. As to when it is advisable to remove a spleen there are no very definite rules as far as I am aware. If, as in this case, the patient's life were made miserable, and medical treatment had given little or no

relief, then I should say it might be considered desirable to operate. No one surgeon has had sufficient experience of these cases to formulate any precise rules as to the choice of cases for operation. I have myself only seen the operation once performed, and that on a man with a very soft spleen. The difficulties of "delivering" such a spleen are very great; certainly a firm, hard spleen is much more easily manipulated, and therefore more favorable for operation. The presence of adhesions cannot easily be diagnosed beforehand; the huge mass always appears unwieldy and more or less fixed above, though the margins may be easily elevated and depressed. In the present instance adhesions to the diaphragm were the direct cause of failure, nor do I see how their presence could have been detected. Apart from the danger of hemorrhage by rupture of the spleen itself, or some of its vessels, the operation cannot be said to have any special dangers greater than those of ovariectomy, for instance; but this danger is so great that it almost negatives the desirability of performing it. Even from the abdominal incision the bleeding is very free, owing to the poor condition of the blood.

The patient, an extremely emaciated Hindoo of about thirty years of age, with the characteristic sallow appearance and flabby condition seen in cases of enlarged spleen, said that about eight months ago he had had fever (quotidian), not preceded by chills, but followed by profuse perspiration. This continued for a month, and then left him; a small swelling then appeared at the left costal margin, which gradually increased, but without pain: the weight caused him considerable inconvenience. Previously to this he had never suffered much from fever, but, being a professional beggar, was a good deal exposed at night, and lived in an unhealthy locality; at one time he had been intemperate in his habits. Had suffered from dysentery and puffiness of the feet and legs from time to time. He was extremely anemic and emaciated, the abdomen looking very large in comparison with the wasted limbs and thorax, the legs oedematous. There was slight bronchitis, also diarrhoea, with blood and