

sophic, sometimes a socialistic trend, as if he had been reading along these lines, but his various utterances taken together showed an utter lack of either cohesion or sequence of ideas, and, though occasionally promising great things, invariably stopped short of the promised goal; that is, they were merely excito-motor promptings and not intellectual concpts. From my own short experience of him I could easily understand how the limit of even a long-suffering home toleration would be reached and that the keeping of a situation being impossible the only outlook would be institutional treatment.

The few facts of his history worthy of mention are that his father was a brewer, who was apparently of bibulous habits and who, as might be surmised, died of cerebral hæmorrhage, though it must also be mentioned that his grandmother on the same side came to the same end. The first child of the family was born after a tedious labour, terminated by forceps delivery, and his head was much distorted thereby. While not vicious he has always been hard to manage. His mental equipment is below par and his volitional powers decidedly so.

His only symptom was a continual fulness of the head, of which he had complained since childhood, and physical conformation of this was made by the ophthalmoscope, his retinal veins being distended and tortuous. The congestion was therefore passive in character.

His symptoms were so purely motor from some rhythmically discharging lesion of centres closely grouped together—speech and writing, together with general muscular restlessness—that I felt he was entitled to possible relief by trephining.

On February 6th, at the Western Hospital, I trephined over his hand centre and worked downwards with the DeVilbiss punch towards the speech centre. The dura was firmly adherent to the skull over nearly this whole area.

His recovery was uneventful, the temperature and pulse being almost normal from the time of operation. There was one exception to this, however. On the evening of the 12th, when all danger of ordinary wound infection was past, another patient in the same ward became delirious and violent. This so greatly alarmed mine that his temperature at once shot up to 103°. I was in despair lest, after all, sepsis had occurred. Within twelve hours, however, it was normal again and the chart showed one solitary peak in the plain of a normal temperature. It was evidently due to purely nervous disturbance of the heat regulating centre and was akin to the general rise of temperature seen on hospital visiting days, especially in children's hospitals.

After leaving the hospital he went to work on a farm for some months, as I thought outdoor physical labour would suit him best. He has been at work ever since his return to the city, part of the time in