

ing the patient could speak a word; on the second a part of a sentence; on the third, almost a complete sentence, and on the fifth better than she had during the previous two years. It was subsequently admitted by patient and relatives that her speech was greatly improved. The cause of the temporary loss of speech was too thin a dressing in the trephine hole, in addition to the unhealthy granulation tissue and pus. When these were removed speech returned. The patient recovered, though she had one convulsion at the end of three months. I have been unable to follow her history further as she is no longer a resident of our city.

Mr. G., a horseman, aged 32, was struck upon the side of the head with a beer mug, which fractured the parietal bone. The scalp had been sutured. A week after the accident he called upon me; found him with temperature of 102 degrees; high pulse and flushed face. He complained of pain. His speech was thick and so muffled that he could scarcely be understood. I thought he had been drinking, but he told me that he had not taken anything alcoholic since the day of the accident. His breath and other circumstances indicated his statement to be truthful. Removed the stitches and washed away a large amount of ill-smelling pus. Found a depression in the skull to the extent of about two-thirds of an inch. The depression bone was denuded of periosteum, and extended well down to the extremity of the fissure of Rolando. The line of fracture was about two inches in length and one and one-half in breadth. Placed him in hospital and ordered his head to be shaven and antiseptic dressing applied. Twenty-four hours following his visit to me I trephined at the lower end of the fracture, the trephining only slightly overlapping the fractured bone. Raised the broken fragments and removed small pieces of loose bone, exposing the dura mater. Refreshed the stitched up flaps; inserted drainage tube at each end of wound. During the succeeding 30 days removed a considerable portion of necrotic bone that was too deficient in circulation to carry on vitality. It required nearly two months for the bone to repair and

scalp unite, although he did not remain indoors more than two weeks. Four days after trephining and elevating bone his speech became clear. Before trephining he and his friends recognized the unusual thickness of his speech.

In February of this year, Mr. J., of Oakland, received an injury to base of skull, either by being struck by a bludgeon or falling and striking the occiput on edge of pavement. He was at first unconscious. He had hemorrhage from left ear and dilations of one pupil. The hemorrhage continued for several days. There was also an outflow of a clear liquid through the meatus auditorius. Found a contused wound near the occipital protuberance. Any pressure on this wound causes severe pain within the skull. Applied ice to skull and placed him on milk diet. In three days pupil became normal; both pupils responded to light. The left ear was almost entirely deaf. Remained within doors for four weeks; at the end of which time he took short walks. Complained of vertigo. Memory good. At present he is 25 pounds lighter than formerly. Sleeps very well. Slight vertigo; deaf in left ear; irritable; unable to smoke or drink, as either makes him sick or nervous, even though partaken of lightly.

Mr. F. M., of Los Angeles, aged 18. Suffered from epilepsy since he was 4 years of age, his convulsions varying in number from six to twenty a month. He received an injury to his head when two years of age, but did not experience any inconvenience until two years afterwards, at which time convulsions took place and have continued ever since. I saw the patient last year with Dr. Hill, of San Pedro, and learned that there was a slight paresis of right side also. I learned of an injury to his head during his infancy. Found a flattening over the frontal, but no scar on scalp. As the convulsions were growing worse we concluded that trephining could not do much harm, and might possibly benefit the patient. On the 23rd of last month, (March 1898) after the usual preparations, I, with assistance of Dr. Hill and his colleagues, trephined the frontal bone close to the left side,