ber of pieces of bone, one piece being half an inch square. The two largest pieces still remained, and finding that it would require some force to remove them, and fearing complete collapse, 1 dressed the wound and waited for reaction. Lost considerable blood. Reaction began at 2 a.m., Oct. 1st, and at 11 a.m., with Dr. McLurg, removed the remaining two pieces of bone, which measured 1 inch by  $1\frac{1}{4}$  inches and  $\frac{1}{2}$  inch by 1 inch. The larger, an irregular square, was the anterior inferior angle of the parietal bone. The smaller, triangular in shape, was that portion of the great wing of the sphenoid which lies between the frontal bone and the squamous portion of the temporal.

The squamous also suffered, so that the opening in the skull was 2 inches vertically and 11 inches horizontally, and converged to an angle at the lower part. The membranes were torn in the anterior portion of the wound  $\frac{3}{4}$  of an inch and in the posterior portion  $\frac{1}{2}$  of an inch. Injured brain matter came away when he was kicked and lay on the ground beside him, while I was cleansing the wound, and also when we removed the largest piece of bone; in all estimated at 3 or 4 ounces. <sup>1</sup> believe this estimate is under the actual amount. Branches of the middle meningeal artery were ruptured, and it was with considerable difficuly that we succeeded in arresting the hæmorrhage <sup>sufficiently</sup> to dress the wound. Used hot water. Dressed wound with iodoform and bichloride gauze. Pupils reacted to light. Temp. normal, Pulse 56 and weak. Semi-consciousness. P.m., gave calomel grs. vj. and pulv. jalap co. grs. x.

Oct. 2, a.m. Bandages were scaked with blood. Re-dressed; repeated the calomel and jalap. In the afternoon, gave tablespoonful doses of a saturated solution of magnesia sulph. every half hour. Still there was no motion of the bowels, and at 10 p.m. gave an enema of castor oil  $\tilde{z}$  j., mag. sulph.  $\tilde{z}$  j., water O ij.

Oct. 3rd. At 2 a.m. bowels operated freely. More conscious. At 4 a.m. had a convulsion. They recurred about fifteen times before 10 a.m. on the 4th. The convulsions were mild, affecting principally the muscles of the upper lip and angle of the mouth on the right side. The centre for these muscles is supposed to be in the lower part of the ascending frontal and ascending parietal convolutions, and acting on this suggestion, I probed deeply in the upper and posterior part of the wound, and had the satisfaction of dislodging some pus and blood-clots. While doing this and washing out the cavity, he had his last convulsion. On 4th, temp.  $101.5^{\circ}$ ; on 5th,  $100.5^{\circ}$ ; on 6th, 99°, and normal on 7th; on 9th,  $100^{\circ}$ ; on 10th, normal; pulse 80 and strong, good appetite, quite conscious and rational, wound healing rapidly. Patient continued to improve, not having a single bad symptom, until the 20th, on which date, a.m., temp. was  $101^{\circ}$ ; p.m.,  $104.2^{\circ}$ .

Discovered that patient had been fed on the 19th, pork, potatoes and pastry. Vomited severely. Gave antipyretics, put icebag to head. Wound bled freely on 21st. Had bowels cleaned out. The new tissue broke down. Brain inclined to hernia, temp. 103°. On 25th, hernia could not be reduced without considerable force.  $\mathbf{At}$ 2 p.m., with Dr. McLurg, reduced the hernia and cut away all the broken down tissue, and used wedge-shaped compress to keep hernia reduced. A little brain matter came away. Quinia was suggested, but had no effect on the temperature; got last dose of quinia at 9 a.m. on 27th. Temp. still 103°.

28th, a.m. Found patient in a state out of which he could not be roused; gave utterance to no articulations; would look about, but give no sign or recognition; passed water in bed; joints quite stiff, made no effort to speak, groaned at times; pupils slightly dilated, but would respond to light; carotids did not throb particularly. Temp. 103°. Brain very much inclined to hernia. 25th, temp. 101.5°. No evidence of returning consciousness.

30th. At 2 a.m., broke into a profuse sweat, which continued for six hours. Very weak, pulse 130 and irregular, temp. 99.8°. Consciousness returning. Brain not so much inclined to hernia.

From this time the patient continued to improve; the wound granulated and healed, except a small opening which still discharges a little thin watery pus. Several small pieces of bone separated and came away. On Nov. 27th, sat up, and on Dec. 2nd walked about in the house.

The patient is quite rational and gives no evidence of lessened mental power. Has been on visits to several neighboring towns, and feels well and strong.

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