

capsule of the joint, when he noticed a depression between the intracapsular and extracapsular portions of the neck of the femur. On moving the limb, it was found that there was a fracture without displacement in that situation. The capsule was then opened, the fibrous tissue between the fragments divided, and the fractured ends carefully freshened by scraping with a raspator. As it would have been very difficult to wire the fragments, a bundle of from eight to twelve metallic sutures was introduced between them, and brought out at the lower angle of the external wound. The wound was carefully cleansed, a drainage tube inserted, the edges brought together with deep superficial interrupted sutures and the whole covered with a sublimate dressing. A long outside splint was then applied. Five days after the operation, the bundle of metallic sutures was removed, and the wound healed by first intention. In less than a month the pain had permanently ceased, and fifty-five days after the operation the patient left the hospital, being able, not only to stand, but to walk with no further support than an attendant's hand.

#### Surgery of the Brain and Spinal Cord.

This subject was treated of by W. MacEwen, M.D., of Glasgow Royal Infirmary, at the late meeting of the British Medical Association.

After thanking the Association for the honor conferred upon him, he introduced his subject and referred to the past of the Surgery of the Head. He stated how simple any attempt at brain surgery had been, and that two factors were necessary for the introduction of cerebral surgery. The first was what Lister taught and worked out in the wards of the Glasgow Royal Infirmary, viz., the theory of asepticism: and the second, that taught by Broca, Dr. Alexander Robertson of Glasgow, by Huguings Jackson, by Fritsch and Hitzig and elaborated by Charcot, Pitres and Ferrier, viz., the localization of cerebral function.

These experiments enabled MacEwen to venture in 1876 an operation for cerebral abscess, and thus began his important work in this great field. We give in MacEwen's own words his experience in this case.

*Case in which the Symptoms of Focal Cerebral Disease led to Diagnosis of Lesion in Broca's Lobe:*  
—While in possession of this knowledge a case of

cerebral abscess presented itself to me in July, 1876. The general symptoms of this affection were clearly manifest. A cicatrix on the forehead marked the site of an injury under which the skull was bare. Had this cicatrix been taken as a guide to the localization of the abscess, and an operation performed there, no abscess would have been found. But phenomena were exhibited which enabled its seat to be definitely recognised. A convulsion, accompanied by loss of consciousness, commenced on the right side, and gradually involved the whole body. On its cessation absolute hemiplegia of the right side was present, and remained for two hours, during which the patient was aphasic. Both these phenomena became much less marked at the end of this period. From these symptoms the abscess was diagnosed to be situated in the immediate vicinity of Broca's lobe. It was evident that the whole of the base of the left third frontal was not involved in a destructive lesion, otherwise the aphasia would have persisted for a much longer period, and it was probable that Broca's area had become involved in the inflammatory zone surrounding the abscess. Trusting to these localising symptoms, it was proposed to open the abscess aseptically by exposing Broca's lobe. Unfortunately, the result of a consultation was decidedly to negative this proposal. The parents then refused consent, notwithstanding the assumption by myself of the sole responsibility of advising and performing the operation. Thirty-six hours afterwards the convulsions returned and persisted until a fatal issue ensued. After death the friends acquiesced in the proposal to have the operation performed just as it would have been had permission to do so been granted during life. The skull was trephined, the brain exposed, and an instrument was introduced through the third frontal convolution for half an inch, when pus flowed through the incision, proved the accuracy of the diagnosis and giving poignancy to the regret that the operation had not been permitted during life. The abscess, about the size of a pigeon's egg, was situated in the white matter of the basis of the second and third frontal convolutions.

The blade of the bistoury which had been left *in situ* after insertion through the trephine opening, was found to have penetrated its outer wall. The congested zone in the periphery of the abscess extended from the anterior horn of the lateral ventricle to the cortex of the base of the second, but