

came home with bruised face and swollen head in a dazed and stupid condition, from which he never wholly recovered. This was followed by a gradually increasing melancholia of the religious type, with occasional epileptiform convulsions.

When first I saw him, in the tent of the Western Hospital, he was lying in the posture of a typical and hopeless melancholic, such as may be seen in any asylum in the land. While his muscles were tense he was mentally apathetic and paid no attention to any questions, not even opening his eyes in recognition of them. On being roused he merely grunted his dissatisfaction. As, however, the grunt seemed to me to be nasal in tone, I asked for a mouth-gag and examined his post-nasal space, which was full of adenoids. Yet he had not the adenoid facies.

A few days later I removed the adenoids under an anæsthetic, and was both surprised and delighted to find an immediate and radical improvement in his mental condition. He spoke rationally on the night of his operation and was soon up and about, helping the nurses in the wards and taking walks in the grounds. The improvement, however, was short-lived, and in less than six weeks he gradually relapsed into his former melancholic and filthy condition.

Now, the mental symptoms of children suffering from adenoids—the stupid look, the mental ineptitude, more particularly the “aproxexia,” or lack of ability to concentrate the attention, which, it is to be feared, often brings upon them undeserved punishment at school—are due not so much to the narrowing of the respiratory passages as to interference with the anastomotic circulation between the pharyngeal, meningeal and cerebral veins and lymphatics through the basis cranii. Passive congestion is thus caused and is not relieved by anastomosis with the angular veins and lymph vessels, so that there is a resultant thickening round the inner canthi and an apparent flattening of the bridge of the nose. Hence the removal of these growths, followed so rapidly by normal breathing, an intelligent expression and quickened perception makes this simple operation one of the most satisfactory in surgery.

The change thus wrought in this melancholic seemed to offer a clue to the cause of the cortical degeneration, or, if not to its cause, at least to a concomitant condition of mechanical pressure from venous congestion and the obvious suggestion that such might be relieved by trephining.

Accordingly, on March 20th, I trephined over his motor area, his muscles in tonic contraction and the presence of Babinski's sign indicating the site. I removed an elliptical piece of bone with its long axis over the motor area and was again gratified by hearing him speak and answer questions intelligently on the night of his operation.