

first three patients upon whom I had operated at Queen Square Hospital for intracranial disease.

I intend to-night to analyse my cases at the National Hospital, Queen Square, and facts which we have gained therefrom since 1886, while from my experience at University College Hospital and in private practice, I shall quote only such cases as are unique, or particularly demonstrate certain points.

I must first briefly allude to the responsibility of the surgeon in the treatment of diseases of the central nervous system. As in all special branches of medicine and surgery which are in a process of evolution, it is not easy to assign credit or blame when the course of treatment pursued is respectively successful or unsuccessful; but so long as our powers of diagnosis remain as imperfect as they are, so long will the vulgar error of regarding surgical treatment as a dernier resort be committed. This question, namely: When should medicinal treatment be given up and operative treatment substituted? has been raised again and again and hotly discussed in connection with many diseases, notably appendicitis.

Dr. Allan Starr, in his well-known work on "Brain Surgery," formulated the conclusion that the surgeon should be invited to consultation in the case after about three months' medical treatment had been unsuccessful. Although such a course is in general the practice at the Queen Square Hospital, this view of the situation unfortunately has not yet been discussed in the profession. Even in the present year I have been asked to operate on a patient with a lateral tumor of the cerebellum who had been known to have optic neuritis for nine years, and last year I did operate on such a patient who had been known to have optic neuritis for thirteen years.

#### PALLIATIVE SURGICAL PROCEDURES.

It is a prominent characteristic of intracranial disease that (1) it is liable to produce optic neuritis, which customarily ends in total blindness; (2) it may concomitantly cause severe headache and vomiting, all of which symptoms are dependent upon pressure, and can be completely palliated or wholly removed by making a sufficiently free opening in the skull and dura mater.

The first of these, namely, optic neuritis, is a condition which, owing to its causing blindness, is of such vital importance to the interest of the patient, and so to the community, that it merits full attention. In 1886 its pathological causation was a matter of acute controversy, but we learnt by a very few years of operative surgical experience that, whatever other factors might be concomitant, the most important one in the production of optic