

throw back medical education in Ontario half a century passing the Legislature; and it need only be mentioned to show how grotesque are the attempts of persons attempting to legislate on subjects of which they are utterly ignorant. If ever there was an utter fiasco in the matter of politics, surely the picture of our Ontario Patrons who were to have leavened the whole body of our legislators with a distinct portion of the yeast of honesty, shows such fiasco.

### LETTER FROM HEIDELBERG.

One of the numerous interesting operations performed by Geheime Rat Czerny, in the Krankenhaus of the University this winter, merits, on account of its rarity, a short description.

The patient was one of those unfortunate individuals with violent persistent trigeminal neuralgia. He had been presented to the class previously by Prof. Erb. Several operations had been performed in other hospitals with but slight, or temporary, success. The affection was limited to the second and third division of the right nerve. Violent attacks of pain would come on every few minutes, accompanied by reflex spasms of the muscles of the face and vaso-motor disturbances—flushing and perspiration. The attacks would last one or two minutes, then a pause of five or ten minutes before a repetition occurred. During the night he suffered less, but still his sleep was very much disturbed. All the usual remedies having been proved useless in this case, he was given over to the care of the surgeons.

The man was brought into the operating theatre with the right half of his head shaved and placed on the table with head resting on a firm pillow. Chloroform was administered, during which the head was thoroughly cleansed and prepared for operation.

An incision was made, commencing just behind the external angular process of the frontal bone, upwards, backwards parallel with and a little below the parietal eminence, then curving downwards to a point just above the root of the ear, by which all the soft parts including the periosteum were divided. The flap thus formed was quickly separated from the bone for about half an inch along the whole extent of its border; all vessels caught and ligated with fine silk. A

small circular saw one inch in diameter, attached to a dentist's drill, was now brought into use, and in a few minutes the bone corresponding to the incision was divided. The operator with chisel and mallet broke a few undivided portions of the inner table of the skull, the chisel being held at an angle of about 45° with the surface of bone. The whole osteoplastic flap was now pried up, the dura mater separated from its inner surface, and then forcibly turned outwards, breaking its base. The projecting spiculæ of bone were clipped off with bone forceps, the brain being retracted by an assistant. The dura mater was next carefully detached from the bone forming the middle fossa till the second and third branches of the 5th nerve were exposed. These branches were separated from their surroundings with some difficulty, owing to the confined space, and during the manœuvres the small meningeal artery, which enters the cranial cavity through the same foramen (ovale) that the third branch makes its exit, was divided. This caused some hæmorrhage, and it was fully half an hour before all oozing could be checked.

It was to me a surprise to see with what impunity they compressed the brain in order to enlarge the field of operation.

The two nerves were divided, the distal portions freed from their surroundings at the foramina of exit and each end of the severed nerves burnt with the thermo-cautery. The parts were then wiped out with gauze saturated with a weak antiseptic lotion. A small strip of iodoform gauze extending to the base of skull and emerging from the anterior end of skin incision was left for draining and the osteoplastic flap replaced, two other short pieces of the same gauze placed in the wound, one at the upper and the other at the posterior extremity, then interrupted silk sutures completed the operation. The knots of all the sutures were drawn to one side of the incision. A dressing consisting of strips of iodoform gauze, two inches wide, over the wound sterilized gauze, absorbent cotton and bandage was applied.

The patient made a good recovery. He complained of headache and some pain in the side of the face, but this soon passed off. The pain was evidently due to some irritation of the distal extremities of the stumps, as after an amputation. Strange to say there was very little