

suffice for an occasion like this. So I shall now proceed to do my duty.

While aseptic precautions make it possible for us to expose and explore the brain with comparative impunity, still, owing to its high and special organization, its feeble recuperative, reparative, or, if any, regenerative power, outside of raising depressed fragments of bone, compressing it, tying an artery and opening an abscess, the practical field is limited. The surgical treatment of most diseases of this organ is but seldom satisfactory. It is true that we perform craniotomies for the microcephalic, supply intracranial drainage for the hydrocephalic, and oftentimes benefit them, but I have yet to see an intelligent citizen develop from one of these subjects. What is needed for the more successful removal of brain tumors is an earlier diagnosis, more accurate localization, and probably better technique. Hemorrhage, so often causing death in these operations, is no longer dreaded when we temporarily clamp the carotid arteries.

Reports of successful cases of the removal of brain tumors are becoming more and more frequent. Obscure disturbances of the brain, following severe injuries, such as mental cloudiness, irritation, stupor and persistent headache, are often relieved when one, two, or more ounces of cerebro-spinal fluid are removed by lumbar puncture. The procedure is so simple and free from danger that it should be more generally employed for the relief of cerebral tension. As a means to diagnosis of injuries of the cerebro-spinal axis, it is not reliable. For the probable relief of epilepsy or insanity following trauma, the trephine is invariably applied. The X-ray is a welcome aid in the diagnosis of obscure fractures, bone depressions, and for the detection of bullets or other foreign substances carried within the cranium. Division of the sensory root of the Gasserian ganglion has been found successful in the relief of tic douloureux. This operation may rival the removal of the ganglion.

When the source of irritation which produces the fit in "essential epilepsy" is clearly defined, surgical treatment may be found useful when carried out according to the nature of the disturbance. The present mass of evidence in literature is rather against operations in this disease.

The distressing aspects caused by facial palsy and facial contractions have found relief in anastomosis of the spinal accessory or hypoglossal to the facial nerve—a procedure recommended