

was apparently confirmed when I opened the skull and dura by the extreme turgescence and deep red colour of the cerebellum, I closed the wound considering that the original intention of palliation of the headache and neuritis was the only possible treatment. His recovery was however, so complete that in a few months he returned to his practice, which he has been carrying on ever since. Cases of this kind are clearly comparable to those which Dr. Glynn has published<sup>2</sup> of subacute encephalitis and internal hydrocephalus simulating cerebral tumours. It is however, of course, difficult to determine the parallelism between his series of cases and mine, as only in one was an operation performed—namely, by Mr. Thomas—but in that instance the relief of the cerebro-spinal fluid was followed by complete recovery.

I venture to think that we are justified in making the following general deduction on the question of the surgical treatment of malignant disease of the encephalon: (1) That operation should be resorted to as early as possible; (2) the tumour should be, if possible, freely exposed and examined and extirpated with surrounding tissue; (3) that if it cannot be removed without undue interference with important or essential structures there remains some possibility of the tumour undergoing retrogression in a certain number of cases.

#### CONCLUSION.

In bringing this discussion of but one set of cases to a close some explanation is, I think, due from me why I did not follow the customary course of accumulating the records of as many cases as possible from the literature and basing my deductions on that basis.

My reason is that the massing together of cases treated by different surgeons under different conditions of operative technique with different clinical histories has always seemed to me an unscientific proceeding.

The errors of clinical observation are so numerous that to arrive at correct conclusions we ought to exclude variations of condition as much as possible.

I have only now the very agreeable duty of rendering an acknowledgement of my sense of indebtedness to Dr. Grainger Stewart, the Pathologist to the National Hospital (Queen Square), who has with indefatigable industry worked out the clinical records of the cases on which this address is based.

#### REFERENCES.

<sup>1</sup>Waller, *Brain*, vol. xix, p. 569, 1896.

<sup>2</sup>*Die chirurgische Behandlung der Hirnkrankheiten*, 1889, p. 116.

<sup>3</sup>*Transactions of the Obstetrical Society*, 1885-6, p. 53.

<sup>4</sup>*BRITISH MEDICAL JOURNAL*, December 23rd, 1893.

<sup>5</sup>*Ibid*, April 22nd, 1905.