

death had resulted from cedema, with punctiform extravasations, of the medulla and cerebellum.

Probably this unusual occurrence was partly determined by a moderate degree of arterial sclerosis which was also present, but had not the complication of cedema occurred no case could have been more satisfactory.

This question of cedema is in our experience clearly associated with the further question of unrelieved pressure, and this brings us to the all-important question of success in diagnosis and the much-discussed procedure which is called an exploratory operation. The statistics of Queen Square Hospital throw a good deal of light on this subject, and show that the former condition, namely unrelieved pressure, is a matter of great practical importance in respect of ordinary palliative operations performed to abolish optic neuritis and relieve the headache, in short, to the procedure to which Professor Cushing has recently given the name of "decompression" operations. I will take this point now. Thus, of 13 cases which died of shock after the second stage, in 7 by reason of failure of Topographical diagnosis, the pressure was not relieved directly over the seat of the lesions, whereas in 6 cases in which a tumour of the brain was diagnosed and correctly localized, but in which removal was not attempted owing to the size of the growth and other reasons, no patient died.

A comparison of this kind is sufficient, I think, to warrant the statement that the risk of an operation for decompression is greater if the opening for the relief of pressure is not made directly over the lesion. Precisely the same point is borne out with even greater distinctness by the figures showing the relative risk of operating with and without a correct diagnosis. Thus, of 79 cases in which a correct diagnosis was made and the tumour successfully removed, 7 cases died of shock—a little over 8 per cent.; whereas in 16 cases of tumour which were incorrectly diagnosed and consequently not removed, 6 cases died from shock—approximately 37 per cent. It is, perhaps, worth while adding that practically in all these latter cases the tumour was a glioma or gliomatous sarcoma—that is to say, a diffuse growth the diagnosis of which is always the most obscure, and at the same time a form of neoplasm in which circulatory changes and cedema is always liable to occur.

I think that these data enable us to form a more or less correct estimate of the risk of an exploratory operation in cases of doubtful diagnosis.

TREATMENT OF SHOCK..

As I have suggested above, the treatment must be arranged according to the symptoms which threaten life, and those may be grouped accord-