

rule when born. Even the most desperate cases should be given a chance. There are usually localizing symptoms, yet one should not hesitate to open both sides of the skull if necessary. This is also indicated in fracture of the base. Undoubtedly many patients have died from compression, which would have been saved had the skull been opened. The convalescence is much quicker, and the recovery better. I can recall several cases of fracture of the base with extensive hemorrhage that were relieved by this means.

In cases of papillary edema due to cerebral compression, a decompression operation will ward off the symptoms. In one case operated on for Dr. Osborne, the sight, which was rapidly failing, made rapid improvement after the operation. An early interference is necessary in order to forestall atrophic changes in the nerve, and a large sized disk should be removed.

For severe cases of tic douloureux, the evulsion of the sensory root of the casserian ganglion removes the pain, and leaves no bad after effects. Cushing has operated on 54 cases of this disease with only two deaths. This operation is simpler than removing the ganglion and the results are really better. Where the attacks of pain are not so severe, Charles H. Mayo exposes the nerves at the points of exit from the foramina, extracts them by slow evulsion, cuts them off, and then plugs the bony openings by driving in small silver nails. This is an operation void of danger and easy to perform.

The injection of 70 per cent. alcohol into the nerves is also very effectual in many cases of intractable neuralgia. In spasmodic tic, the facial nerve may be resected and anastomosed with the spinal accessory. The result in a case I saw, which Cushing had operated on, was extremely satisfactory.

Since operations on the thyroid have become frequent during the last few years, attention has been drawn to the importance of the parathyroid bodies. Although these structures were first accurately described by Sandstroem in 1880, their function remained a secret for many years. It was then found that when these bodies were removed a true tetany developed, which led often to a fatal termination. These parathyroid bodies are often difficult to distinguish during the removal of the thyroid, being situated usually where the thyroid vessels enter the gland. They get their blood supply apparently from the thyroid vessels, and hence, if a complete thyroidectomy be made, the main trunk of the vessel should not be ligated, but rather the branches as they enter the gland. Halsted usually leaves the upper pole of the thyroid where the superior thy-