

"danger from failure of the heart. A minute is about the average period for inducing insensibility; and it is very rare, if proper precautions are taken in the way of preparation and after-management, to have any sickness."

"There is little doubt that nervous persons and those who are intemperate in the use of alcohol, tobacco and narcotics, and also epileptics require special care. Over saturation from the too frequent renewal of chloroform induces, in my opinion, the chief after trouble."

Dr. William McEwan of Glasgow, delivered an address "On the Surgery of the Brain and Spinal Cord." It affords a striking proof of the rapid advance of surgical science. The Doctor was greeted with rounds of applause on its termination. Commencing with a brief allusion to the unsatisfactory state of brain surgery he points out that two factors have enabled surgeons to attack the brain with safety and success, viz: the antiseptic system of treating wounds, and the discovery of localization of function in the brain. By strict antisepsis subsequent inflammation is averted, and as a consequence of localization we are able, in many instances, to infer the site of a lesion, especially when limited in character. He relates particulars of a number of cases operated on, and sums up as follows:

"Of twenty-one cerebral cases, (exclusive of fractures of the skull or other immediate effects of injury,) in which operations have been performed by me, there have been three deaths and eighteen recoveries. Of those who died all were *"in extremis"* when operated on. Two were for abscess of the brain, in one of which the pus had already burst into the lateral ventricles; in the other suppurative thrombosis of the lateral sinus had previously led to pyaemia and septic pneumonia. The third case was one in which there was, besides a large subdural cyst over the one hemisphere, extensive softening at the seat of the cerebral contusion on the opposite hemisphere, accompanied by oedema of the brain. Of the eighteen who recovered, sixteen are still alive in good health, and most are at work, leaving two since dead, one eight years after the operation, from Bright's disease, she in the interval being quite well and able to work, the other, forty-seven days after the operation, after the abscess was perfectly healed, from an attack of tubercular enteritis."

One case, related to show that the diagnosis of cerebral lesions in non-motor regions may be made from sensory phenomena, is so extremely interesting that we cannot forbear quoting it:

"A man who had received an injury about a year previously suffered from deep melancholy, and strong homicidal impulses, relieved by paroxysms of pain in the head, of indefinite seat. Though the pain was excruciating he welcomed it, as it temporarily dispelled the almost irresistible impulse to kill his wife and children or other people. Prior to receiving this injury he was perfectly free from impulses of this kind and had led a happy life with his family. Behind the angular process of the frontal there was a slight osseous depression, which could not account for his symptoms. There were no motor

phenomena, but on minute enquiry it was discovered that immediately after the accident, and for about two weeks subsequently he had suffered from psychical blindness. Physically he could see, but what he saw conveyed no impression to his mind. An object presented itself before him, which he could not make out, but when this object omitted sounds of the human voice, he at once recognized it to be a man who was one of his fellow workers. By eyesight he could not tell how many fingers he held up when he placed his own hand before his face, though by the exercise of his volition in the act, and by other sensations, he was cognizant of the number."

"These phenomena gave the key to the hidden lesion in the brain. On operation the angular gyrus was exposed, and it was found that a portion of the internal table of the skull had been detached from the outer and had exercised pressure on the supra-marginal convolution, while a corner of it had penetrated and lay embedded in the anterior portion of the angular gyrus. The bone was removed from the brain and re-implanted in proper position, after which he became greatly relieved in his mental state though still excitable. He has made no further allusion to his homicidal tendencies, which previously were obtrusive, and is now at work."

He concludes his address by referring to his operative experience on the spinal column; he remarks:

"The spinal membranes and the cord itself can be exposed, and neoplasms and encroachments upon the lumen of the canal may be removed therefrom without hazarding life. Such interference is unsparingly condemned by writers on the subject, their remarks, however, being applied to injuries, as no such operations have been hitherto contemplated in idiopathic cases. They contend that they are full of danger, being difficult, prolonged, and attended by profuse haemorrhage; secondly, that the operation could hardly benefit the patient; and, thirdly, that no one has yet been able to present a successful case; each of these points has now lost its validity."

He relates several cases where the posterior arches of the vertebrae were raised for the relief of paraplegia, caused by pressure on the spinal cord, and in four instances complete recovery ensued.

Dr. McEwan's brilliant contribution places brain surgery on a solid basis.

BY the Medical profession in New Brunswick, we believe the "Maritime Medical News" will be universally welcomed for several reasons. Though published in Nova Scotia, it will be as much *our* organ as if published in our own Province, and will give our physicians an opportunity of recording many important cases that would otherwise be entirely lost sight of, of learning all that is being done among ourselves, in our own hospitals and societies, as well as of obtaining, in an epitomised form, every addition made to medical and surgical knowledge in England