

never found it necessary to do more than compress the cerebellum aside.

As to whether there is loss of function from such displacement involving bruising of the cerebellum, I have followed up the longest surviving case that I could find in the Queen Square series, namely, one of cerebellar tumor and cyst combined, which I operated on eleven years ago, when the patient was a boy of 14. He is now a healthy young man of 25. In this case the tumor was a large one, situated in the right lateral lobe of the cerebellum, which was consequently markedly compressed, and probably the dentate nucleus of that side was also affected. The only indication of loss of physiological function that he now presents is a slight unsteadiness of the hand when he is particularly fatigued, as for instance after a long bicycle ride.

CONSIDERATION OF THE DETAILS OF OPERATIVE PROCEDURE.

Perhaps the most convenient way of continuing this review of the technique and procedure of encephalic operations will be by taking the essential steps of such operations seriatim, and virtually it will be found that the fundamental purpose of every detail is the prevention of shock and the maintenance of the physiological integrity of the nervous system.

(a) *Previous Preparation.*

The general preparation of the patient by dieting, enemata, etc., is the same as for all operations. In a few instances I have found calcium chloride of probable service in cases where oozing from the bone or superficial tissues was to be expected, as in cases of penetrating endotheliomata of the skull.

The head and cavities in relation to it having been thoroughly disinfected for two or more days with sublimate and carbolic acid, the patient is placed on the table in such a position that, while the head is elevated to diminish the pressure in the venous sinuses, the shoulders are also slightly raised, so that the glottic respiration is not interfered with. If the operation is to be on the cerebellum, the patient is placed on his side, with the uppermost arm drawn downwards. By these simple means complete access can be gained for any operation on the encephalon without subjecting the patient to constraint which affects both the circulation and the respiration. This question of posture of the head is no mere matter of convenience to the operator, it is an extremely serious one to the patient for the satisfactory performance of the operation, and is only to be secured by having a suitable head-rest, such as the fork rest of Professor Frazier or the one I use.