

facilitate the elevation of the frontal lobe some of the veins entering the longitudinal sinus therefrom were ligatured. On the death of the patient some years later I found that there was some considerable softening of part of the frontal lobe in the area drained by these veins, and not directly implicated by the tumour. This and subsequent evidence referred to above led me to the following conclusions which I have repeatedly made use of and found of service, especially in 10 cases of operation on the pituitary body. The cerebral hemisphere is anchored by emissary veins to the dura mater at various points (see Figs. 10 and 3, Plate 4), (1) in the mesial plane, that is, to the longitudinal sinus; (2) laterally, chiefly by the temporo-sphenoidal vein to the lateral sinus opposite the asterion; (3) to a less degree by the external occipital vein, and (4) by the anterior temporo-sphenoidal vein, both of which last are small vessels, but being almost terminal require to be respected (see Fig. 9, Plate 4). The hemisphere can be readily compressed upwards by inserting a flat spatula cautiously beneath it (see Figs. 10 and 3, Plate 4) and between the veins just described. The next question, of course, is What happens to the hemisphere compressed? This entirely depends on the mode of compression. If the compression is, as it should be, gradual, the soft nerve tissues soon mould, with very little internal derangement; but it is easy to produce, with too much and too rapid application of pressure, laceration of and ecchymotic oozing between the fibres of the corona radiata. Such compression contusions of the basal portions of the hemisphere are relatively unimportant, because they relate to portions of the cortex of which the function is either readily compensated when lost or of very wide representation. The inspection of the deep parts of the skull by displacement of portions of the brain entails trouble to the assistant, because it is certainly disadvantageous to move the retractor when once properly in position. So far I have spoken of the cerebrum. I think that precisely the same principles should prevail in the case of the cerebellum.

With this procedure properly applied to the temporal lobe it is remarkable how much can be seen and correctly examined. With a good illumination the crura cerebri, the circle of Willis, the pituitary body and internal carotid, the second and third nerves come into view. I have in two cases after removal of a pituitary tumour inspected the base of the brain further by means of a small rhinoscopic mirror placed in the sella turcica; and it is very easy by continued but gentle pressure with a copper spatula, or with a spatula of suitable size, and with a strong headlight, to inspect the lateral region of the cerebellum and medulla oblongata with the issuing nerves (See Figs. 3 and 4, Plate 4). For these reasons I venture to take exception to the step of removing