brain was operated on in London, having been previously diagnosed by Dr. Hughes Bennet, and removed successfully by Mr. Rickman Godlee; the patient lived four weeks relieved of his previous symptoms, and then died from septic complications. The report of this case, at a meeting of the London Medico-Chirurgical Society in May, 1885, gave rise to a most interesting and important discussion, in which Drs. MacEwen and Ferrier took part. Dr. MacEwen related several cases in which he had successfully operated, and mentioned his method of re-implanting the removed disc of bone. Up to this time MacEwen had operated on seventeen cases for the relief of cerebral pressure and other brain lesions. At the Brighton meeting of the British Association, in 1886, Mr. Victor Horsley excited the admiration of the meeting by his remarkable paper on the *Advances in the surgery of the central nervous system.* In this paper he minutely detailed his method of operating, and showed how, if performed carefully, the brain might be incised and tumors removed without any great risk to the patient. His experience was chiefly derived from operations on monkeys. He also showed three patients on whom he had successfully operated—one for tumour, and two others for scarring of the convolutions, causing epileptiform fits. Since this time operations on the brain have become comparatively frequent for epilepsy following injury, for abscess of the brain (especially that form connected with suppurative disease of the ear), and for tumours. On this side of the Atlantic, Drs. Keen and Roberts, of Philadelphia, and Drs. Weir and Seguin, of New York, have done good work. Dr. Keen has recently successfully re-implanted, in one piece, the bone removed by the trephine.

At the second meeting of the British Medical Association, in Glasgow, Dr. MacEwen read an epoch-marking paper, in the surgery of the "Brain and Spinal Cord." He related, how for years, he had been working at this subject—and with what great results. His paper is certainly a wonderful contribution to surgical science. He says: "Of twenty-one cerebral cases (exclusive of fractures of the skull and 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 upon. Two were for abscess of the brain, in one of which pus had already burst into the lateral ventricles; in the other suppurative thrombosis of the lateral sinus had previously led to pyæmia and septic pneumonia. The third case was one in which, besides a subdural cyst over one of the hemispheres, there was extensive softening at the seat of the cerebral contusion in the opposite hemisphere, accompanied by œdema of the brain. Of the eighteen who recovered, sixteen are still alive, in good health, and most are at work; leaving two, who have since died, one eight years after the operation, from Bright's disease, the other forty-seven days after operation from tubercular enteritis."

These results are certainly remarkable and very encouraging, as to the future of the surgery of the brain. I had the pleasure, last year, while in Glasgow, of seeing some of Dr. MacEwen's cases, and some were most interesting. In one case the diagnosis of the lesion was made from sensory phenomena alone, and successfully operated upon. Notwithstanding the success of such men as MacEwen, and Victor Horsley, operations on the brain should not be rashly undertaken. Each case should be studied on its own merits, and the surgeons who attempt these operations, need not only experience of general surgery, but an accurate knowledge of motor and sensory phenomena in connection with the localization of the functions of the brain.

Dr. MacEwen's name is also associated with the surgery of the spinal cord, he has operated on no less than six cases. In all, the posterior arches of the vertebræ were removed; four to relieve paraplegia, caused by pressure from connective tissue, neoplasms and displacement of the vertebræ, due to caries or traumatism. Out of the six cases operated on four were successful and two died. The first case was operated upon as early as 1882. Mr. Victor Horsley successfully removed a tumor, diagnosed by Dr. Gowers, from the posterier end of nerve opposite the third dorsal verterbra. The patient suffered from paraplegia. He completely recovered and was shown to the London Medico-Chirurgical Society, January 24th, 1888. I have frequently trephined the spine in the dead subject, and I can say that the operation itself presents no great difficulties. The cases which call for this operation are, however, rarely met with.

There are many other interesting subjects on