

twenty-four hours after the introduction of the serum. Locally the serum has much the same action.

It appears that in the accidental form of hemophilia there is an absence or diminution of the ferment which causes coagulation, while in the hereditary form there seems to be some anti-coagulating substance. If the antidiphtheritic serum be used, and this is the most easily obtained, it should be fresh. Numerous observers have confirmed the beneficial effects of this method of treatment, and it certainly should be given a trial. If the serum be given subcutaneously 20 or 30 c. cm. should be used.

With our present methods, the brain may be examined with comparative safety, yet there is still much to be desired. The unfortunate results which have formerly followed cerebral hemorrhage in the newborn, can, by the intermusculo-temporal operation, be frequently relieved. In most of these cases the labor is protracted, and the child is asphyxiated as a 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 cases 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 case of papillary œdema 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 Gasserian 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 devoid 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