

recovery and two deaths, a mortality of 25 per cent. These cases were not selected, and in no case did I refuse to operate, simply placing the facts and probabilities before the parents in each case. In one of my fatal cases, the child, a hydrocephalic, was dying when operated upon. Morton's treatment had been used in this case several times; he had just arrived a long journey from the country, and I only consented to operate upon the urgent insistence of the parents. It was a simple meningocele, with the sac ulcerated and leaking in places, and was rapidly closed off with mattress sutures and cut away, the lateral flaps brought over and united. A few minutes completed the operation, and the child lived twenty-four hours. All who saw the case felt sure of a fatal termination within twenty-four hours without an operation. This termination cannot fairly be attributed to the operation.

The other fatal case, a large meningocele, which had previously been tapped, did perfectly for twelve days, then leakage began. This continued for some days and finally ceased. Symptoms of sepsis developed several days after this event, and the child died on the thirtieth day after the operation. This child was hydrocephalic.

As to technique, in my earlier cases the sac was tied off, or, if large, stitched off with mattress sutures; then flaps of skin and subcutaneous tissue were brought over and sutured.

In Case No. 8, where the vertebral deficiency was great, two layers of flaps were made, one consisting of muscular tissue (erector spinæ) and the other of skin and subcutaneous tissue, the former being inverted (as in closing a wound of the intestine) and the latter everted.

Silk was used altogether for the buried sutures or ligatures, except in Case 8, where catgut was used for the muscular flaps.

In every case where the slightest doubt existed as to the contents of the sac, it was deliberately opened before being closed off, no extraordinary effort being made to prevent the escape of cerebro-spinal fluid.

The after treatment is, of course, all-important. The nurse is a potent factor in the success or failure of the operation. During the first week the child should rest on its abdomen in such a way that the wound should be the highest point upon the body, and every precaution taken to prevent infection from excreta, etc.

Those who advocate the open treatment at all, are well agreed as to the methods to be adopted in cases of meningocele. It is in cases of meningo-myelocele that difficulties and differences arise. The nerve elements of the cord within the sac must not be sacrificed, and, if possible, should be restored to the spinal canal. In order to accomplish this, Mayo Robson