tumor; after perforation of the skin the probe-pointed blade of scissors is introduced between it and the membranes of the sac, and the skin divided. The flaps are now by the fingers, or the scalpel-handle, separated from the cyst down to the fascia of the back; by the same means the base of the tumor is parted from its loose attachment to fascia beneath it till the pedicle is exposed. A prepared silk or other suitable ligature is tied as deeply as possible on the pedicle, and all external to it removed.

After oozing has ceased the wound is closed and dressed, a pad of iodoform or bichloride gauze being placed next the wound, this covered with absorbent cotton, and the whole covered by a piece of oiled silk, the edges of which are sealed to the back with collodion to prevent ingress of urine. Usually the dressing does not require to be changed until the wound is healed. If the spina bifida be of unusually large size, the puckering of the irregular flaps and the amount of oozing may demand drainage for a day or two. When part of the tumor has no cutaneous covering, the line of the primary cut for making the flaps should run in the skin at least a quarter of an inch from the margin.

Experience in one of the cases communicated to him has confirmed his opinion that after the operation the child should be kept in its cot, and as quiet as possible for two or three weeks, or until every trace of local irritation has disappeared.

The paper contains notes of seven cases treated by the method. Four of the patients are alive and well to-day. One operated on in the month of July made a complete recovery and attended school till the following spring, when he had an attack of meningitis and died on the tenth day; another had evidently hydrocephalus at the time of operation, which carried him off a month afterwards. In only one case could death be attributed to the operation, and in that one, under more favorable circumstances, the result would probably have been different. Two of the successful cases were operated on in 1885.

The procedure, it must be admitted, has been highly satisfactory, and there seems no reason to doubt that, in an otherwise healthy child, spina bifida will yield to the treatment.

His conclusions were as follows:

1. That one of the most important functions of the cerebro-spinal fluid is to regulate the tension of the great nerve-centres, and hence their blood supply.

2. That the spinal membranes, and therefore the walls of the spina bifida, resemble the peritoneum in being apt on irritation to form adhesions. This provision indicates that the communication between