

of the body presented special risks in this particular. Nowadays, when many surgeons can show an unbroken record of successful operations for the radical cure of hernia or for appendicitis in the cold stage, I believe it is not completely realized how very different should be our estimate of the proclivity of the central nervous system to invasion by septic micro-organisms and the extremely feeble degree of its resisting powers. A survey of the literature of the last ten years proves this most distinctly, numbers of cases of sepsis arising in the practice of the most careful operators even for such simple conditions as a benign isolated fibroma compressing the spinal cord. The records of Queen Square Hospital of the past twenty years are somewhat vitiated by accidental infections traceable to causes unconnected with the special region of the wound. Thus of the 17 cases in which death directly resulted from sepsis, one was due to the condition of the scalp before the operation, another to infection from the mouth, and two if not three from imperfect sterilization of the ligatures. Of the remainder, the infection in a very large majority obviously originated during the after-treatment of the case, while the external wound was still open at the drainage spot, especially when such openings and avenues of infection had been kept open by tampons and plugs. Personally I believe that the present-day precautions are sufficient at the time of operation, especially if the irrigation fluid used be a weak antiseptic lotion, that for the subsequent dressings it is essential to use an antiseptic (I have only complete confidence in a mercury salt), and that so long as the cerebro-spinal fluid continues to escape the most vigorous disinfection of the skin and frequent changing of the dressings must be carried out, for not only so long as the cerebro-spinal fluid is flowing is there great danger of septic invasion, but the difficulty of closing a drainage sinus is increased the longer the cerebro-spinal fluid passes through it.

In summary, I feel inclined to reassert the view expressed in 1886 that the less drainage is employed the better, and consequently that every effort should be made to close the skin wound as early as possible.

#### DISPLACEMENT OF THE BRAIN.

With these general considerations before us, there remains the discussion of particular procedures. One of the most important of these is displacement of the brain, which must be resorted to to reach tumours at the base. I mean displacement of the lobes or regions. My first attention to this subject was drawn by being requested in 1889 to operate on a tumour pressing on the front of the optic chiasma, and for this purpose I raised the frontal lobe, but found that the tumour was really a cystic adeno-sarcoma of the pituitary gland, and was inoperable. To