

moval impracticable. This is justified in order to prolong life, to alleviate the severe and persistent headache, to stop fits or to save the sight. In general, to benefit the patient by reducing intracranial pressure, by a suitable decompression, even though it is quite impossible to remove or even locate the tumor. The headache, vertigo and vomiting, so marked a feature in cerebellar tumor, make the life of the patient pitiable, and these symptoms may be relieved for a considerable interval by relieving pressure. Of all the considerations enumerated above, for which palliative measures are indicated, there is none more urgent than optic neuritis, which steadily goes on to atrophy and blindness. This calamity may, with certainty, be averted, for a considerable time, at least, even up to a period of three years, by an efficient and early decompression operation.

Time will not permit me to enter into the details of the operative technique for the removal of subtentorial tumors, either intra- or extra-cerebellar. The mortality has of late years, owing to improved technique, been lowered from seventy per cent. to twenty-eight per cent.

I would, however, briefly draw attention to the question of the advisability of relieving intracranial pressure by the tapping of the lateral ventricles or by Quincke's lumbar puncture. Puncture of the ventricles is done for two purposes: first, as a palliative measure to relieve intracranial pressure, and secondly, to relieve tension to render it possible to make a more thorough examination of deep-seated tumors, in the hope of removal at the time of operation. Experience has shown that it is a procedure of great gravity and of questionable propriety. Many cases have resulted disastrously from immediate collapse and in the majority of cases the patients have died immediately or soon afterwards.

Von Bergmann attributes the relief which follows the palliative operations for tumors of the brain more to the loss of the cerebro-spinal fluid than the removal of large sections of the skull. He, therefore, recommends lumbar puncture in cases where the pressure symptoms are very marked. According to Oppenheim, lumbar puncture is indicated in a very limited number of cases, chiefly in those where the tumor is associated with intertural hydrocephalus, and especially in those where the tumor encroaches on the posterior fossa and threatens life. However, there is particular danger in this procedure and many fatal cases have been reported. The cause of death is