

neuritis was increase of the intracranial tension, and thus it happened that our earliest experience was the strikingly rapid subsidence of the optic neuritis when the skull and dura were opened. Therefore, it is now possible to dogmatize on this question, and to say that in no case of optic neuritis (not of course of toxæmic or anaemic origin) should the process be allowed to continue after it has once been diagnosed, and that if blindness results therefrom the responsibility is very heavy on any one who fails to advise such a simple proceeding as opening the dura mater. The gravity of this responsibility does not seem to be generally recognized, and it is owing to this, as well as to the backward state of neurological diagnosis, that melancholy cases such as the following occur. A. B., lady, married, developed symptoms of cerebral tumor with acute optic neuritis, and was told by a neurologist that nothing could be done surgically. Subsequently, and after some treatment with the iodides, the neuritis subsided into complete atrophy and blindness, while the cerebral lesion gradually retrogressed. When the patient came under my observation in the spring of this year, her physical condition was apparently perfectly normal except the permanent loss of sight. This calamity would have been wholly avoided by operating to relieve the optic neuritis, even if nothing farther had been attempted to deal with the lesion itself.

As regards the procedure to be adopted, my own experience is that although in rare instances the neuritis may begin to subside after even the first stage of only opening the skull, it is, as a rule, necessary to make a free opening in the dura mater to effect this purpose. One reservation must be made, that in cases where the tumor directly involves the optic tract, the specially delicate anatomical structure of the optic tract may negative the attaining of this otherwise invariable result.

In predicting what will be the condition of vision after surgical treatment of the optic neuritis, everything depends upon the care with which the ophthalmoscopic appearances of the disc are interpreted. Yellowish-white stippling, patches of exudation, or opal white atrophic changes, especially when associated with macular figures, all indicate that the secondary changes in the disc are likely to be permanent, and, therefore, in proportion to their development so the vision will be impaired, whereas when the loss of vision has been dependent simply on the swelling of the disc, then not only is the sight saved, but largely improved.

#### CURATIVE SURGICAL PROCEDURES.

If the operation is undertaken for the purpose of effecting a cure we have to consider (1) what is the nature of the disease, (2) what loss or aberration of nerve function it causes, (3)