with headaches. Diagnosis: An encephalic growth, probably of limited size, involving the cortex of the brain, and situated at the middle part of the fissure of Rolando—a diagnosis from which there could have been no escape in the present state of our knowledge. Operative interference determined upon. The manner of trephining is detailed with great accuracy. The tumor was found an eighth to a quarter of an inch below the surface, thinly encapsulated, but perfectly isolated from the surrounding brain substances. The tumor was removed (scraped out, chiefly), the dura mater was drawn together by carbolized silk (!) sutures, drainage-tube inserted, etc. The patient recovered well from operation, and did well for the first 21 days after the operation; at that time septic symptoms set in, to which the patient succumbed a week later. The tumor was a glioma.

For further details and the full report of the autopsy, we must refer the reader to the original. A pity it certainly is that a surgical accident marred the results which would otherwise have proved brilliant.

B. S.

Aphasia and Paresis of both Hypoglossal Nerves Due to a Small Lesion in the Centrum Semiovale. By Dr. LUDWIG EDINGER. *Deutsche med. Wochenschrift*, April 8, 1886.

The above is a case of unusual interest. A man aged 83, who, in spite of preceding apoplectic attacks, was able to converse well and to swallow his food easily, suddenly found himself unable either to speak or to swallow. He was unable to utter any intelligible sound, although he understood every thing that was said to him. He could move his tongue a little, but could not protrude it beyond the teeth. Solid food he could not swallow. Fluids he managed to swallow under great difficulty only. No other symptoms of any importance. The patient died about 11 days after onset of these symptoms from inanition and pneumonia.

At the autopsy it was shown that these symptoms were due to a small area of softening (the size of half a dime) in the right centrum semiovale. The softening was situated immediately above the roof of the ventricle, $\frac{1}{2}$ centimeter to the outside of the caudate nucleus, and about $\frac{1}{2}$ cm. caudate of the anterior angle of convergence of the thalamus and caudate nucleus. On the surface this would correspond to the fissure between the second and third frontal convolutions and $\frac{1}{2}$ cms. in front of the præcentral convolutions.

(The chief interest of this case centres in the fact that it corroborates Wernicke's views with regard to the course of the speech-tract. It is well established that the greater part of the speech-tract starts from the third frontal convolution and reaches the bulbar nuclei. But how it gets there is still a mystery, except that this case proves that it passes through the area occupied by the lesion described above.)

B. S.