Primary Sarcoma of the Cerebral Ventricles.

—Drs. V. Prautois and G. Etienne (Arch. de Neurol., April, 1894) observed a patient, aged 13 years, who at first presented symptoms of tuberculous-meningitis, but later on the diagnosis of (probable) cerebral tubercle was made. The autopsy showed all the ventricles to be invaded by neoplastic products, which, on microscopical examination were found to be sarcomatous. R. K. M.

Hydatid Cyst of the Brain.—Operation, Recovery.—Dr. Esteves presented to the Medical Society of Argentina, May 11, 1894, a patient of forty years who had been operated upon for cerebral tumor. The symptoms began about one year previous in epileptiform attacks, followed by a paralysis of the left arm, then of the left leg. Later on the attacks became general, and in August, 1893, he entered the hospital San Roque, Buenos Aires. There were present besides the paralysis of the left side, atrophy of the muscles of this side, besides intense head pains and vomiting. The mixed treatment proving of no avail, an operation was determined upon, as the condition of the patient was becoming serious, a semi-comatose condition developing rapidly. The author diagnosed a hydatid cyst in the right motor region, and trephined in the region. Upon inserting a hypodermic needle a clear amber-colored fluid was withdrawn. The cyst was then opened and found to be as large as a small orange. Inserting a drainage tube, suturing the dura, and closing the wound, the patient recovered in a very short time. —*Semana Medica*, Buenos Aires, All. 1, No. 18. W. C. K.

A Case of Polioencephalitis Hæmorrhagica Superior (Wernicke).—Jacobus (*Deutsche Zeitschr. f. Nervenheilkunde* Vol. V., 1894). The patient, an alcoholic, had been ailing for some time with paresis of and pain in the upper and lower extremities. When taken into the hospital was confused and talked rubbish. Examination showed paresis of the upper and lower extremities, some atrophy of the left leg, soreness of the muscles, and loss of the patellar reflex. A few days later there was noticed a complete double-sided ophthalmoplegia; no ptosis, no pupillary change; loss of expression and slight left side facial paralysis. Patient became more apathetic, and died two days later. *Post mortem* examination of the brain showed the lateral ventricles, as well as the third ventricle, the aqueductus Sylvii, and the fourth ventricle to be the seat of innumerable punctate hæmorrhages. The tissue itself was smaller, of a dark