ophthalmoplegia, she developed a chemosis in both conjunctivæ. About two months prior to her death she developed a complete hemiplegia followed by paraplegia. Optic hallucinations and loss of orientation were frequently observed during the four months of stay in the institute.

The autopsy showed an enormous sarcoma at the base of the brain, which had totally destroyed the ethmoid plate, projected itself into both antrums and globes, and had invaded the nasal fossæ and the nose.

Dr. Ernest Sachs asked Dr. Jelliffe whether in his first case there was any evidence of a unilateral tremor of the hand, which had been described by Stewart as being almost characteristic of frontal tumor. The tremor was on the same side as the tumor. Dr. Sachs said he had observed this symptom once or twice, and it was distinctly different from the ataxic tremor associated with cerebellar disease.

Dr. Jelliffe, in reply to Dr. E. Sachs, said there had been no tremor whatever of the hand.

LESION OF THE ROLANDIC AREA ACCOMPANIED BY CUTANEOUS SENSORY SYMPTOMS

By William M. Leszynsky, M.D.

A man, twenty-four years of age, was struck on the head by a brick four months ago, receiving a compound, comminuted fracture of the left parietal bone. This was at once followed by paralysis of all the muscles below the right knee. He gradually recovered from the effects of the injury, and at present there was a depression in the left side of the skull an inch and a half wide by two inches long, involving the parietal bone up to the median line. The opening was directly over the superior portion of the Rolandic area, as demonstrated by measurement. Paralysis of the flexors and extensors of the toes, exaggerated knee-jerk, ankle clonus and the Babinski plantar response were present. There was an area of complete anesthesia extending from the toes to about two and a half inches below the patella anteriorly, and to about three inches below the popliteal space posteriorly, with a circular band of dissociated sensory disturbance above this. The other extremities were normal.

Dr. Leszynsky concluded that the existing conditions were due to laceration and hemorrhage involving the superior portion of the precentral and post-central gyri.

Dr. Joseph Fraenkel asked whether there were any trophic disturbances. In a case which he saw about nine years ago at Bellevue Hospital, identical symptoms were present. The lesion, which was in the same place as this one, was the result of a bullet wound, and in that case there were dystrophic lesions on the toes, resembling Morvan's disease.

RESULT OF NERVE SUTURE IN A CASE OF BRACHIAL BIRTH PALSY SEVEN YEARS AFTER OPERATION

By Alfred S. Taylor, M.D.

The case was one of typical brachial birth palsy. At the time of the operation, which was done on June 17, 1903, the patient was a girl of ten years, with palsy of the right arm, which had been noticed immediately

after birth, the delivery having been instrumental. When Dr. Taylor first saw her there was slight contracture in all of the paralyzed muscles, producing the characteristic deformity. The operative technique employed by Dr. Taylor in this and similar cases was described by him in detail in an article entitled: "A Study on Brachial Birth Palsy," published in the *American Journal of the Medical Sciences*, October, 1905.

At the present time, about seven years after the operation, the extremity has grown well, and there has been much improvement in the range of motion. She can "do her hair," play the piano, and do most of the things other girls can do.

There is distinct limitation in external rotation of the humerus.

She was ten years old at the time of operation, and this meant that there were contractures in the paralyzed muscles, in the ligaments of the joints, and deformities of the joint ends of the bones, which will never be fully overcome. Nevertheless, there is very great improvement over her condition before operation.

Dr. T. P. Prout, in connection with Dr. Taylor's case, exhibited a drawing of the nerve structures, which clearly showed a rupture of the peri-neural sheath.

CEREBELLAR ATTITUDE OF THE HEAD IN A DOG

By Ernest Sachs, M.D.

A fox terrier under certain conditions exhibited the typical cerebellar attitude with the right ear nearer the shoulder, and the face turned up and to the opposite side. Dr. Sachs expected later to perform an autopsy on the animal, in the hope of finding a lesion which might throw some light on the significance of the cerebellar attitude.

Two explanations, he said, had been advanced for the so-called cerebellar attitude in cases of cerebellar neoplasm. One was that the patient held his head in that peculiar way to relieve tension on the muscles on that side on account of the pain that was otherwise present. The other idea on the subject, which was accepted more particularly abroad, was that it was due to a lesion of the superior peduncle. This, Dr. Sachs said, was the view that he was inclined to accept. The theory that it was done to relieve tension and pain was scarcely tenable, as there were cases of cerebellar neoplasm that had no pain. On the other hand, after section of the superior peduncle animals always assumed the cerebellar attitude, and by cutting the eighth nerve on the opposite side, the head resumed its normal position.

The dog shown by Dr. Sachs, aside from the cerebellar attitude, had no symptoms of cerebellar trouble. He was active and his appetite was good. His sensation, as far as it could be tested, was normal. The eye-grounds were rather pale, with some diminution in the size of the vessels, but there was no choked disk.

INTRASPINAL NEURECTOMY FOR INTRACTABLE TABETIC GASTRALGIA

By T. P. Prout, M.D., and Alfred S. Taylor, M.D.

The patient was a man, fifty years old, who was first seen by Dr. Prout in October, 1909. He had suffered from locomotor ataxia for