Dr. Mills said he fully believed that.

Dr. S. D. Ingham reported two cases of encephalitis with necropsy (to be published in this journal).

TUMORS OF THE LATERAL AND THIRD VENTRICLES

By T. H. Weisenburg, M.D., and W. F. Guilfoyle, M.D.

So far as known by the writers the proper diagnosis of tumors of the lateral and third ventricles has not been made in life. This is because of the variance of the size of the tumor and the fact that there can be no specific symptoms with the exception of those which result from pressure. The two cases reported are as follows:

CASE I.—A girl of 20 with a history of rheumatism began to gradually lose vision. This was accompanied by flashes of light and double vision. Very soon afterwards, she complained of headache which was occipital and frontal, nausea, vomiting and dizziness. She had several convulsions which involved the left limbs, especially the left arm, and during which time the arms and head were deviated to the right. Soon afterwards she began to complain of pains all over her body and especially of flushes of heat and prickly sensation in the legs, shoulders and back, and later on of the left arm. These symptoms increased in severity. The vision became completely lost, choked disc developed on both sides and this was later followed by optic atrophy. Mercurial inunctions were of no value. About two months after the beginning of her symptoms, she developed a slight ptosis of both eyeballs, more of the right. About five months after the beginning of the symptoms the pupils were unequal, of normal size, and the reactions to light and movement were lost. There was a marked exophthalmos of both eyeballs, more on the right. Both upper lids drooped. The axis of the eyeballs was directed downwards on an angle of 45°. There was complete paralysis of associated ocular movement upwards, less to the right, still less to the left, and less so downwards. Convergence was lost in all directions, excepting in a downward median direction, and in this only an attempt was noticeable. The right motor fifth nerve was parietic throughout. The lower portion of the right seventh nerve seemed weak. Taste was lost on the right side of the tongue, and smell was perverted. Hearing tests were unsatisfactory. The upper and lower limbs were weak, and the left limbs somewhat ataxic, although this was never satisfactorily demonstrated. Later in the disease, the left limbs, especially the upper became distinctly weak. Sensation at no time was disturbed anywhere over the body. Incontinence of urine and feces developed. The mentality of the patient gradually became worse. The pains and flushes of heat were constantly complained of and erythematous and acneiform eruptions which were not persistent appeared. Hallucinations of sight and hearing developed, and the ocular symptoms persisted to the end. There was no difficulty at any time in talking and swallowing, but she would at times yell without provocation.

At necropsy a large tumor was found occupying the whole of the left lateral ventricle and compressing the caudate and lenticular nuclei, the optic thalamus and the internal capsule.

CASE II.—A girl of 17 with an excellent family and past history and with no previous history of any disease, had stoppage of her menstruation. She then began to complain of weekly frontal headaches which were not very persistent but which three months afterwards began to be severe, lasting all day and were more marked on the right side of the head and

neck. Because of its severity the patient inclined her head to the right, this position making the pain easier. Coincidentally she complained of sickness in her stomach with a tendency to vomit. Seven months after the beginning of the symptoms she complained, in addition, of dizziness and of staggering which was more marked to the left. About this time her sight began to become poor and she began to see double. There was no disturbance of hearing.

When examined about six months after the beginning of her symptoms, she had choked disc of four diopters, paralysis of the left external rectus, some weakness in upward associated movement, this being manifested in a sort of cork-screw nystagmoid movement, motor weakness of the left side, and loss of all tendon reflexes with the exception of a faint response of the left biceps. Sensation was normal. Both upper and lower limbs were ataxic, more marked on the left, and the gait was distinctly cerebellar, more marked to the left. The diagnosis was made of a left cerebellar tumor.

At necropsy a large tumor was found occupying the whole of the third ventricle, about the size of a hen's egg, compressing on either side the optic thalamus and in its downward growth involving the nuclei of both third nerves, separating them and to a slight extent compressing the posterior longitudinal bundles in the upper portion of the pons.

In the first case a diagnosis was made of a tumor in the upper portion of the pons, this, being based principally upon the paralysis of upward associated ocular movement and the loss of power of the right motor fifth. In the second case the symptoms were distinctly cerebellar and a tumor of the third ventricle was not suspected. In view of these two cases, tumors of the third ventricle should be suspected whenever there occur the general symptoms of brain tumor, indefinite motor weakness, cerebellar ataxia, various cranial nerve palsies and principally paralysis of upward associated ocular movement.

Dr. Guilfoyle stated that the patient lost her position as clerk in a department store because she would write crooked, that is, instead of writing along a line, she would write at right angles. This perpendicular writing is something Dr. Guilfoyle could not find any explanation for.

CHICAGO NEUROLOGICAL SOCIETY

December 21, 1908

The President, DR. RICHARD DEWEY, in the Chair

TUMOR IN THE LEFT CEREBELLO-PONTILE ANGLE

By Julius Grinker, M.D.

CASE I.—X. F., male, clerk; first consulted Dr. Grinker on December 28, 1905. Well nourished young man of 24, with negative family and personal history, excepting that he was always considered somewhat nervous, having suffered from night-terrors when a child, and would appear dazed upon first awaking in the morning. His habits have always been good and he never had syphilis.

Last August he noticed that his left leg became weak and somewhat later, his left arm. The face was not affected. The following month (September) he had occasional headaches which were never severe, always diurnal, and localized over the right frontal region and in the nape of