**Freyermuth, Otto G.** An Obscure Case of Sub-dural Abscess of the Basilar Frontal and Left Temporal Areas. [Pacific Med. Journ., 1917, LX, p. 538.]

Patient was a single man of about 45; admitted in semi-consciousness. No data obtainable of past history, present illness, or family history. The tentative diagnosis was a possible meningitis. No scars or traces of injury; much emaciated; skin sallow and dry; lax dorsal decubitus; no restlessness or apparent distress; expression apathetic; cannot speak, write or express himself by countenance. Viscera, temperature, pulse normal; blood pressure 135 and 80; slight arterosclerosis, perhaps not more than physiological; sensibility not testable; all reflexes normal; right optic disc and suspicion of congestion, left, a pronounced central area of secondary atrophy; muscles flaccid; apathy and lethargy; mental state ranges from semi-consciousness to stupor; blood and spinal fluid negative Wassermann and Noguchi; no abnormal spinal fluid pressure; cell count twelve, the globulin negative; urine high-colored, but not pathological. Diagnosis uncertain; possibly intra-cranial neoplasm. Death in a week. Neocropsy: Dura much congested. On opening it, much pus exuded from left side. The whole left cerebrum bathed in pus. Cortex much congested, arterioles pronounced. Abscess cavity in base of left frontal lobe, a small channel extending backwards to the base of the temporal lobe and the contiguous upper border of left cerebellar lobe, the tentorium cerebelli forming the septum. Right brain normal; no intra-cerebral or ventricular changes. During life an exploratory decompression was seriously considered, but diagnosis was very difficult, and nothing pointed definitely to abscess. The writer thinks that whenever confused mentality is accompanied by choked discs, whether in traumatic or non-traumatic cases, decompression should be performed. Possibly relief might have followed an immediate decompression in this case, but the writer feels that, on account of the extensive cerebral involvement present, no benefit would have been gained.

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**Pitres, A., and Marchand, L.** Psychic Sequlæ of Skull and Brain Injuries. [Presse Médicale, May 16, 1918, 26, No. 28. June 6, 1918, 26, No. 31.]

In an examination of 470 soldiers who had recovered from the surgical incidents of their skull wounds, all had had and many still had headache, vertigo, physical and psychic depression and inability to stand noise corersponding to the well-known *syndrome commotionel.* This syndrome persisted up to twenty-two or thirty months after their injury, but this duration was rare. As a rule these symptoms disappear entirely by the end of a year, but even then the soldiers are extremely sensitive to noises and to any work that requires stooping over. Such soldiers should never be utilized as aviators or chauffeurs. Rest is the main treatment.