

A HUMAN CEREBRUM WITHOUT A COMMISSURE THAT APPARENTLY PERFORMED NORMAL FUNCTIONS. Arturo Banchi (Archivio di Fisiologia, July, 1904).

A woman, seventy-three years of age, died of heart disease without having presented the slightest evidence of any trouble in the central nervous system. Her cerebrum, normal in every other respect, had not a single commissure between the two hemispheres. The corpus callosum, anterior commissure, etc., were completely absent. In certain conditions, therefore, it appears that the intrahemispherical associations may take the place of the interhemispherical. This hypothesis would seem to be confirmed, histologically by the development of a system of association fibers in the median longitudinal fasciculus. This fasciculus is made up in part of the fibres of the long fornix, existing normally in man, and in part of sagittal fibres of association which normally pass unperceived because of their scarcity and disassociation. METTLER (Chicago).

THE RESULTS OF OPERATION FOR THE REMOVAL OF CEREBRAL TUMOR. Philip Coombs Knapp. (Boston Medical and Surgical Journal, cliv., 124, Feb. 1, 1906.)

Dr. Knapp presented the statistics of 828 cases, including further unpublished cases, on which an operation for removal of tumor of the brain was performed. In 471 of these cases the tumor was wholly or partly removed; 128 of these patients died as the result of operation, and 78 were not benefited. In 189 cases the tumor was not found at the point of operation. In 64 cases it was impossible to remove it, and in 104 cases the operation was for the relief of pressure. Of the whole 828 cases, 265 patients died as the result of operation, and 186 were not improved. One hundred and sixteen patients were classed as recovered, but the cases of actual complete restoration to health were regarded as exceedingly rare.

A comparison of four of the statistics of operation collected by the writer on four different occasions in 1889, 1891, 1899 and 1905, showed that there had been a diminution in the mortality and an increase in the number of patients benefited, due to the improvement in surgical technique. The percentage of failures to remove the tumor largely on account of incorrect diagnosis, showed comparatively little gain. The palliative operation for the relief of headache and optic neuritis by relieving intra-cranial pressure was often unsuccessful. These symptoms were perhaps of toxic origin.

THE MENTAL SYMPTOMS OF CEREBRAL TUMOR. Philip Coombs Knapp. (Boston Medical and Surgical Journal, cliv., 361, April 5, 1906, 132. Brain, xxix., 35, April, 1906.)

Dr. Knapp had made a study of the mental symptoms in 104 cases of tumor of the brain with autopsy observed at the Boston City Hospital. Mental disturbances were noted in 79 cases. Forty cases, however, were excluded on account of complicating diseases and for other reasons. In the remaining 64 cases mental symptoms were noted 58 times, and the writer believed that such disturbances were far more frequent than had been previously stated.

The mental symptoms were observed early in the progress of the disease in 28 cases. The nature of the mental disturbances varied. The largest number of cases, 31 in all, showed simple mental failure and dullness. Seven cases showed marked mental confusion and 15 cases actual delirium. One patient was simply neurasthenic, two had delusions of persecution, one was depressed, another showed symptoms of general paralysis. The special Witzelsucht so often described was not observed. The states of delirium were more apt to be noted in the later stages of the disease. The writer found that a tumor on the left side of the brain was not more apt to produce mental symptoms than a tumor on the right.

In regard to the location of the growth, in the only case of a tumor of the cerebrum in which mental symptoms were not noted, the tumor was in the frontal lobe. The writer, however, believed that the frontal and temporal lobes were more especially to be regarded as presiding over the higher psychical functions. The mental symptoms seemed less, probably the result of a lesion in a definite portion of the brain than the result of general processes such as pressure and the formation of toxins. The nature of the mental disturbances suggested a toxic origin, and in one case they developed after an attempt at removal of the tumor had relieved the increased intra-cranial pressure.

SURGICAL INTERVENTION IN TUBERCULOSIS OF THE MENINGES AND OF THE BRAIN. By Roberto Alessandri (*Annal. of Surg.*, February, 1906).

In an exhaustive résumé of this subject there are distinguished tuberculous meningitis and the solitary tubercle of the brain, since the two varieties, though merging one into the other, are very distinct in their typical forms, and the possibility and results of surgical intervention must be considered separately. Tuberculous processes of the meninges sometimes heal spontaneously, and in the greater number of cases the resort to surgery is not to be advised. The operations with decompressive scope have for the most part only a temporary value. Lumbar puncture is the operation of preference, on account also of its high diagnostic value. In some rare forms of meningitis in plaques, of meningitis of chronic course with localizations upon the meningeal vault, or in the consequences of a localized and healed process, active surgical intervention is to be considered. In solitary tubercle of the brain there can be a question of surgery in only a small number of cases, even when it is a matter of a limited lesion, and this by reason of the ordinary site, the frequent complication with meningitis, their multiplicity, the presence of other serious tuberculous lesions in other organs of the body. In any case to allow of intervention the essential point is that the precise seat of the lesion be diagnosed and that this seat be surgically accessible. The possibility of relative spontaneous cure should always be borne in mind. Given the limitations to indication for operating, the results for the cerebrum are fairly good. In 19 out of 22 cases operated the result of the operation was favorable, though in some of the cases the amelioration was very little or none at all. Statistics for the cerebellum are more discouraging. In six cases in which the lesion was found and removed four cases were immediately followed by death, and the two others had only a transitory amelioration, since death took place after two months and a half in one case, and after ten months in the most favorable case.

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