

By DR. WM. C. KRAUSS.

In the "*Annales del Circulo Medico Argentino*," for May, 1890, Dr. Alfjandro Castro reports a case of "Tumor Cerebral, Hydatid Cyst of the Left Ventricle, Trepannation, and Death due to Basilar Meningitis." The young man, fourteen years of age, farmer, had always enjoyed the best of health until five months ago, when he began to complain of headaches, followed by vomiting and paresis of the right arm and leg. There exists no hereditary diathesis; the family, consisting of eight brothers, are all living and healthy. He began to complain, five months ago, with headaches, vomiting, etc. These increased in frequency and intensity until October, 1890, when he sought admission to the hospital at Buenos Ayres. His condition at that time is as follows:

Marked atrophy of the right leg, there being a difference of $2\frac{1}{2}$ cm. between the right and left thigh and calf. The difference between right and left arm was 5 mm., between right and left forearm 15 mm. The dorsal interosseous muscles of the foot and the anterior tibial were notably atrophied, as were also the muscles of the hands.

The general sensibility is preserved, although somewhat diminished; reflexes exaggerated; temperature normal; appetite good when he has no headache. There is no deformity of the cranium. Patient refers the pain to the left side of the head.

Although there existed no history of hereditary syphilis, he was administered the iodide of potash for one month without any apparent results. The pains growing more intense, the vomiting more obstinate, and the paresis more marked day by day, it was resolved to resort to operative procedure.

After carefully following all antiseptic measures, the trephine was applied over the fissure of Rolando. Through a small opening in the meninges a blackish, soft substance, hernia-like, made its appearance. Enlarging the aperture in the cranium to 65.40 mm., a blackish tumor, the size of a walnut, covered by the meninges—congested, but non-adherent—made its appearance. It was easily removed with a curette, and, after carefully ligaturing all meningeal vessels, a drainage-tube was inserted and the wound dressed. The first six days passed without any noteworthy events. The headaches, vomiting, and the paresis seemed to have notably diminished, appetite improved, the wound was cicatrized and healthy, and the only discharge from the tube was some arachnoid fluid and some softened particles of brain-matter.

On the seventh day, December 26th, the discharge was slight, but there was a bulging outward of the meninges. On the following day it had increased to the size of a hen's egg; and on the third day it was the size of an orange. On the 31st of December the tube was removed and a weak solution of boric acid was injected into the wound, when suddenly the cicatrix gave way and a large cyst, 7 cm. in diameter, was ejected. It contained 200 grammes of a clear yellowish liquid with some flakes, which fell to the bottom of the vessel. The membranes of the cyst were easily separated, and were about 2 mm. in thickness. On the inner membrane there existed numerous whitish granulations, which, under the microscope, proved to be echinococcus cysts adherent to the germinating membrane. They were vesiculated, full of living echinococci. The day after the expulsion of the cyst the temperature fell to 40°, pulse 120.

On January 2d, temperature 41°, pulse 130. On dressing the wound another cyst, the size of a hen's egg, made its appearance and was removed. An epidemic of diphtheria was reigning at the hospital at this time, and the wound was covered with false membranes. The condition of the patient grew worse until January 13th, when he died, basilar meningitis being given as the *causa mortis*.

In the June number of the same journal, Dr. Maglioni, of Buenos Ayres, describes a case of a young man, who, having never suffered from any nervous affection, fell, striking his head against a nail, and soon afterward was seized with epileptic convulsions. The wound was located over the (superior-posterior) *cephalo-dorsal* portion of the parietal bone.

He is very taciturn, complains of headaches, cardiac palpitations, no paralysis, no disturbance of the general sensibility. The attacks—which are truly epileptic—are general, not localized, and occur sometimes every day, sometimes several times during the day. On trephining, no fracture or depression was found, dura not congested, no abnormal condition of the underlying brain-substance. The wound was dressed antiseptically and healed nicely.

Five weeks afterward, March 15th, occurred the first attack; March 17th he had three attacks; April 28th, two attacks; and April 30th, one attack. From that time, up to reporting the case, May 20th, the patient has been free from any epileptic seizures. The writer wishes to draw no conclusions from this case, but feels compelled to say that, in cases of traumatic epilepsy, trephining is justifiable.

In "*Revista de Ciencias Medicas de Barcelona*," June, 1890, Dr. Robert describes an interesting case, which he designates as a "*filhelio*," or "*sun-lover*." The case is that of a boy, just at the age of puberty, strong and vigorous, showing no deformity or sign of any retarded development, living in the mountains of Cataluna. There is a slight neuropathic history in his family, and at times he is under the influence of alcohol. For the past ten years he has exhibited a strong desire for the sunlight, looking for hours at the sun without the least inconvenience. At times he takes an attitude—legs separated, hands clinched, head turned backward, eyes fixed on the sun—and remains in this position until exhausted, then becomes unconscious and falls to the ground; he is seized with convulsions, tonic and clonic, and after a short interval awakens. The writer regards the case as epilepsy with an unusual sensorial aura.

By LOUISE FISKE-BRYSON.

POST-DIPHTHERITIC RESPIRATORY PARALYSIS CAUSING
PULMONARY COMPLICATIONS.

In the "*American Journal of American Sciences*" (September, 1890) there is a paper upon this subject by W. Pasteur, of London, who thinks that too little attention has been paid to the effects upon chest-movements and affections of the thoracic viscera following post-diphtheritic paralysis. While cardiac paralysis is well recognized, the influence of diaphragmatic or intercostal paralysis upon the lungs, and through them upon the pulmonary circulation and the heart, has been strangely overlooked. The classical signs of diaphragmatic paralysis are: Reversal of respiratory movements of the epigastrium and hypochondria; dyspnœa on exertion or excitement; diminished force of cough, sneezing, spitting, etc.; and loss of compressive action of the abdominal muscles, difficulty of defecation, etc. (von Ziemssen).

The more constant and obtrusive physical signs presented by the cases presented in the paper were: 1. Increased movement of the lower ribs, observed in ten out of fourteen cases; not noted in three. 2. Altered movements at the epigastrium during respiration in twelve out of fourteen cases. 3. Altered character of cough and voice; noted in ten cases, but probably present in all.

Tube-feeding was necessary. Paralysis of the lower limbs was the rule, and in some the arms were affected;