

tumor was located. If that were done, so large a flap as the one made by Dr. Meyer would probably be unnecessary. In tamponing during the course of these operations for the purpose of stopping hemorrhages, too much force was apt to be employed by the surgeon's assistant, thus injuring the delicate brain tissue.

Dr. Charles A. Elsberg said he had explored the ponto-cerebellar angle five times, and he had found that with each case one became more adept in doing the operation with greater ease, and causing a less amount of surgical damage. He did not think such a large incision as that made by Dr. Meyer was necessary, excepting in those rare instances where the exact location of the tumor had not been made out. If the bone was opened on one side, with free invasion of the corresponding mastoid, a good view of the cerebellum and the ponto-cerebellar angle could be obtained by the use of retractors. He used retractors of different sizes, carefully inserted, to draw the cerebellum towards the median line. The speaker said the patient he operated on for Dr. Abrahamson died fourteen weeks after the operation of secondary tumor and meningitis.

#### CERVICAL RIB AND ITS RELATION TO THE NEUROPATHIES; WITH REPORT OF A CASE

By S. P. Goodhart, M.D.

The speaker gave a general review of the subject. He also showed a woman, 28 years old, with bilateral cervical rib. The salient points of this case were as follows: (1) Onset of the symptoms at the unusually early age of seven years. (2) Severity of the symptoms, which were practically limited to the nervous system. (3) Hypesthesia in the region supplied by the inner cord of the brachial plexus (ulnar distribution). (4) Progressive atrophy of the small muscles of the hand, including the thenar and hypothenar eminences. (5) Secondary cervico-dorsal scoliosis. (6) Stationary character of the symptoms referable to the cervical rib, in absence of surgical intervention. (7) Possibility of demonstrating the exact location of the roots of the brachial plexus in their relation to the supernumerary rib on the left side: digital pressure upon each producing numbness and tingling in corresponding area of arm. (8) Diminution in size of third normal rib on left side, well shown in radiograph. (9) Beginning symptoms due to pressure on the opposite side.

Dr. Charles E. Atwood said cases like the one shown by Dr. Goodhart were not so uncommon, but were not always recognized. The speaker recalled two similar cases that he had seen in London. One of these was for a time regarded as a case of syringomyelia. There was atrophy of the abductor pollicis and interossei of the left hand and *main en griffe*. With the X-ray, bilateral cervical ribs were found, and the left one was removed. Great improvement followed. In the second case there was atrophy of the right thumb of a year's duration, and pain in the corresponding thumb for ten years. Also, for one year, pain in the forearm and near the clavicle. Numbness and anesthesia of some of the fingers were also complained of. In this case, improvement also followed operation. The first patient was a man, aged 37 years; the second, a woman aged 49 years. It is said that some cases recover entirely from operation, and that all are benefited by it.

Dr. L. Pierce Clark called attention to the similarity of the symptoms in certain of these cases to those of progressive muscular atrophy, which would be in favor of the peripheral origin of the latter disease. Quite a number of the cases presented a scoliosis and atrophy of the smaller muscles of the hand, warranting a diagnosis of beginning syringomyelia. The possibility of extra-cervical rib, therefore, should not be lost sight of in doubtful cases of syringomyelia.

Dr. Alfred S. Taylor said he had never removed a cervical rib, but he had made a great many dissections in that region and he thought it was not at all impossible to remove such a rib without damaging the brachial plexus, which, with careful manipulation, could be displaced quite materially from its ordinary position without interfering with the motor function of the nerves. The operation would require a sufficiently wide dissection and careful work.

Dr. Goodhart, in reply to a question as to whether the sympathetic was ever involved in cases of cervical rib, said that it occurred only in association with syringomyelia.

#### LANTERN-SLIDE EXHIBITION OF PATHOLOGICAL SPECIMENS OF RARE BRAIN LESIONS

By M. Allen Starr, M.D.

This demonstration included a number of rare brain lesions that came under the observation of Dr. Larkin in his capacity as coroner's physician. They were the post-mortem findings in cases of sudden death, and a preceding history was usually unobtainable. In one of the cases there was an enormous aneurism at the base of the brain, which had produced sudden death, although the man from whom the specimen had been obtained had apparently enjoyed excellent health up to that time. Another specimen showed a series of capillary hemorrhages all over the brain, such as were seen occasionally in alcoholic brains. Another showed a hemorrhage into the floor of the fourth ventricle, and involving the pons Varolii. Another specimen showed an enormous cyst lying at the base of the brain, and resulting from an aneurism from the anterior communicating artery. Another showed a hemorrhage into the ventricle of the brain; this occurred in a leukemic patient, and it was not associated with the rupture of any large blood vessel. Another showed an abscess of the frontal lobe of the brain following an operation on the nose. Another showed an abscess of the brain following middle ear disease. Another showed unilateral absence of the cerebellum.

In the case of aneurism of the base of the brain, Dr. Starr said, the patient was a longshoreman, apparently in his usual health, who sat down at the end of the pier to eat his midday meal. Two days later he was found still sitting there, dead.

Dr. Larkin, who had made the autopsies in these cases in his capacity of coroner's physician, said that in the case described by Dr. Starr in which there had been a hemorrhage into the ventricle of the brain, without apparent rupture of any large blood vessel, the patient was a boy of sixteen years, who while walking along the street suddenly fell to the ground. He was taken to Roosevelt Hospital, and died fifteen minutes later. The post-mortem examination showed that the left ventricle was distended by a clot, but the source of the bleeding could not