

been allowed to go home and then died, it would have been impossible to convince his friends that his death was not due to the injury, and that there had not been culpable want of care. Service of Mr. James Adams.—*Brit. Med. Jour.*, Sept. 16, 1882.

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A CASE OF ALLOCHIRIA.—Ferrier reports (*Brain*, Oct., 1882), a case of severe cranial injury, causing prolonged unconsciousness, followed by motor disorder of a combined ataxic and hemiplegic character, from which the patient had only partially recovered at the time of his discharge, together with the temporary, remarkable perversion of sensory localization, to which Oberstine has given the name allochiria (*Brain*, July, 1881), a condition characterized by the erroneous reference of sensory impressions to the corresponding part of the other side of the body. In the case reported, besides the transposition of sensation, there was transposition of the reflex reactions. Tickling of the sole of the foot caused retraction of the other, while the foot actually tickled remained perfectly still; so, also, tickling of the inside of one thigh caused flexion of the other.

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NOTES ON TWELVE CASES OF BRAIN TUMOR.—Chas. K. Mills, M.D., of Philadelphia, in a paper read before the American Neurological Society, gives the following recapitulation of his studies on twelve cases of brain tumor, from which we extract the following:

*Etiology*: history of syphilis in three cases; history of syphilis and traumatism in five cases; history of traumatism alone in one case; tubercular history in two cases; no history in one case.

*Pathological Anatomy*: gummata in six cases; fibromata in two cases; tubercle in two cases; not determined in one case.

The location of the twelve tumors were as follows: antero-parietal region, 3; Rolandic region, 3; parieto-occipital, 1; temporo-sphenoidal lobe, 1; cerebellum, 2; pons Varolii, 2. The author concludes with remarks on the local diagnosis of brain tumors.

He considers that the symptoms which point conclusively to the existence of intracranial tumor are: headache, pain on percussion of the head, vomiting, vertigo, mental disturbances, hyperæsthesia, choked discs or optic neuritis, elevated temperature of the head, constipation. *Headache* was present in every case. In ten cases, more or less headache was present all the time. The usual type of headache from intracranial tumor he describes as a continuous pain, sometimes of persistent severity, and generally with exacerbations of great violence. In two instances the pain was greatest in the region of the head nearest to the seat of growth. He refers to Callender's observation that cortical lesions are more frequently accompanied by localized pain than lesions of deeper parts. *Perussion of the head* elicited an intensified pain in the region corresponding to the location of the tumor in three

cases. It was only tested in four of the twelve cases. *Vomiting* was a symptom in eight cases. The tumors situated farthest forward in the brain appeared to be the least likely to give rise to vomiting. The author agrees with Ferrier that the majority of cases of cerebral vomiting can be ascribed to irradiation of irritation of the nerves of the cerebral membranes, or to the physical effects of acute pain. *Vertigo* was observed in ten cases. Mental disturbances of some sort were observed in almost every case, using the term in a very general sense. The majority of the patients were emotional, excited, or irritable; some of them exhibited dulness, stupidity, want of energy, or apathy. Failure of memory, depression of spirits, and headache were observed in others. Mental slowness and uncertainty; inability to fix the attention, and impossibility of continuous mental action were strikingly shown, particularly in tumors of the præfrontal regions. One case showed marked hallucinations of fear. Another case had at times maniacal attacks which usually coincided with the most violent paroxysms of headache. *Hyperæsthesia* was noted in five cases, sometimes being general, more frequently being present in the limb or limbs affected with spasm or paralysis. *Choked discs* were found in four cases. *Descending optic neuritis* in four cases, only eight were examined with the ophthalmoscope. True choked discs were present in tumors of the convexity. In three of the cases of neuritis the tumor was situated at the base, and the fourth case was a tumor of the cerebellum with hydrocephalus. The author regards the presence of choked discs, or optic neuritis, as the strongest possible corroborative evidence of the existence of an encephalic tumor. *The temperature of the head* was taken in five cases, from which the conclusion was drawn that in brain tumors the average temperature of the whole head is elevated several degrees above the normal, the greatest elevation being usually at the station nearest the seat of the growth. *Constipation* was recorded in eight cases. Severe neuralgic pains in the limbs were complained of in one of the cases of cerebellar tumor; in the other, trigeminal neuralgia. One case of tumor of the pons had frequent and severe attacks of temporal and orbital neuralgia. Persistent epistaxis and tendency to hemorrhage from the mucous membranes were observed in a tumor of the upper left quarter of the pons; profuse perspiration, more marked on one side, occurred in one case; polyphagia in one case; disturbance of the respiration in several cases; hysterical manifestation in several cases. Inflammatory, trophic, and anæsthetic phenomena in two cases; defective hearing in five cases.—*Arch. Med.*, New York, vol. viii, No. 1, 1882.

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CEREBRAL ANÆMIA AND EXHAUSTION.—Dr. S. G. Webber, of Boston, reports four cases illustrating the above conditions and remarks that among the conditions of the brain most difficult for diagnosis are those in which there is irregular blood supply. He