

way results in an osteo-articular atrophy. Owing to the relation which seems to exist between sensory and trophic symptoms, as was first brought out by Grasset, there is reason to suppose that this center is to be found in the neighborhood of the sensory center, somewhere in the medullary territory. SCHWAB.

- 118 SARCOM DES III VENTRIKELS MIT METASTASEN IM IV VENTRIKEL (Sarcoma of the Third Ventricle, with Metastases in the Fourth). E. Meyer (Archiv. für Psych., XXXII, 1899, p. 320).

The clinical symptoms were cephalalgia, vomiting, optic neuritis. The psychical condition resembled that described by Korsakoff. The autopsy showed a tumor of sarcomatous nature filling the third ventricle, which was not adherent to the walls. In the fourth ventricle there were found two small masses the size of a pea of the same microscopical character as the tumor in the third ventricle. Meyer believes that these were metastatic growths following the course of the cerebro-spinal fluids. JELLIFFE.

- 119 ANÉURYSME DE L'ARTÈRE VERTÉBRALE GAUCHE (Aneurysm of the Left Vertebral Artery). Autopsy. P. Ladame and C. von Monakow. (Nouvelle Iconographie de la Salpêtrière, January and February, 1900, 13th Year, No. 1).

Most cases of aneurysms at the base of the brain have no clinical significance whatever. They are generally accidentally discovered post-mortem, and have often merely a medico-legal interest. A short résumé of the case to which this article relates is as follows: A man, 68 years old, syphilitically infected in his thirtieth year; the present disease began to manifest itself in his sixtieth year by violent attacks of vertigo and of angina pectoris. Two years afterwards an apoplectic seizure followed an attack of vertigo more severe than any he had yet experienced. As the result of this his gait became distinctly cerebellar in character. Shortly after his speech became dysarthritic and he had attacks of dyspnea. The cerebellar ataxia was present on both sides, possibly a little more pronounced on the right. Death followed in a condition of stupor with Cheyne-Stokes breathing; towards the end he had difficulty in deglutition. Autopsy: The basal arteries were very tortuous; at the juncture of the basilar and the vertebral arteries on the left side an aneurysm about the size of a pigeon's egg was found. The structures around the aneurysm showed evidence of compression. The sixth pair of nerves was the only one which showed an effect from the aneurysm in the sense of a pressure atrophy. Some of the important facts brought out by the microscopic examination are the following: Medulla: The left pyramid was markedly atrophied in its entire course, showed a great decrease in volume, and presented a typical picture of compression atrophy. The left olive was also atrophied, both in the fibers surrounding it and in the nerve cells comprising it. The right corpus restiforme showed considerably atrophy. This was due possibly to the necrotic condition of the compressed left olivary body. An ascending degeneration similar to this has not as yet been described. The study of sections of the medulla and cord lower down showed changes on the left side which at times had the character of pressure atrophy, at times of secondary degeneration. The hypoglossus nucleus on both sides was found to be normal. The nuclei of the cranial nerves were for the most part normal, with the exception of a slight asymmetry in the two sides of the descending root of the trigeminal and of the left acoustic tubercle. The corpora restiformia presented singular appearances, in addition to

the atrophy of the right already spoken of. The left corpus is atrophied as the result of direct pressure by the aneurysm. Especially is this so in its caudal portion. The greater part of the left corpus restiforme had undergone a secondary degeneration as the result of the necrosis in the left cerebellar hemisphere. The changes in the cerebellum were most pronounced in the left hemisphere and peduncle. The pathologic changes of this case are described in great detail, the more important ones have only been mentioned in this abstract. The pathogenesis of these aneurysms of the vertebral artery are far from being understood. In this case the modification found in the medulla, the cerebellum, and the suboptical region are particularly important. The literature of the subject is carefully considered in the article, and the plates accompanying it add much to the understanding of the anatomical description.

SCHWAB.

#### THERAPY.

- 120 TRAITEMENT DE L'EPILEPSIE (Treatment of Epilepsy). Rommé (La Presse médicale, Mar. 21, 1900).

The author has followed de Fleury's method of caring for epileptics for eight years. The arterial pressure is regularly observed and measured, and urinary toxicity tested at stated intervals. The epileptic, being a depressed individual, is subject to dyspepsia and sluggish nutrition, therefore whatever affects arterial pressure may precipitate an attack. Combined bromides lower excitability of the cerebral cortex. Nocturnal cases should be given a single large dose at bedtime. Hydrotherapy, salt baths, massage, etc., with the injection of small quantities of normal salt-solution at various intervals, have been found of great benefit. No water is allowed with meals and the diet should seek to prevent the possibility of gastro-intestinal fermentation. To eliminate toxic substances, moderate exercise, purgatives, diuretics, and diaphoretics, should be employed. The author recommends quiet life in country villages for the epileptic.

CLARK.

- 121 TREPHINING FOR TRAUMATIC EPILEPSY. Lamboth (La Presse med. Belges, Jan. 28, 1900).

Lamboth relates the following case: Youth of twenty-one years of age had severe epileptic convulsions for eight years. Thickening of left parietal, surface size of palm, developed toward cranium and much lessening its cavity. Trauma originated in a fracture *in situ*, possible separation of two tables having been followed by proliferation of diploë, or perhaps more probably an infectious diploëitis had occurred; ophthalmoscopic evidences of compressions absent. Patient had fallen from a height and struck his head; had been a typical epileptic for thirteen years, but development and intelligence had not suffered. Craniectomy was performed and a piece of bone 10 Cc. by 3 Cc. removed. It is stated that his attacks became much changed in type and immediately after the operation occurred at night only.

CLARK.

- 122 HEMI-CRANIECTOMY FOR EPILEPSY. Lamprasi (Annali di nevrologia, 1900, XVII, fasc. VI, p. 414).

Lamprasi describes the following case: A youth, aged twenty years; epileptic. Left parieto-frontal region much depressed; attacks of convulsions typical, but without aura or monospasm; no mention of trauma. It was decided to remove one-half of the skull, and a horse-shoe incision was made from front of ear to rear of same; an osseous pedicle was left. Forty days after the operation patient had continued free from seizures.

CLARK.