

**Primary Sarcoma of the Cerebral Ventricles.**

—Drs. V. Prautois and G. Etienne (Arch. de Neurol., April, 1894) observed a patient, aged 13 years, who at first presented symptoms of tuberculous-meningitis, but later on the diagnosis of (probable) cerebral tubercle was made. The autopsy showed all the ventricles to be invaded by neoplastic products, which, on microscopical examination were found to be sarcomatous. R. K. M.

**Hydatid Cyst of the Brain.—Operation, Recovery.**—Dr. Esteves presented to the Medical Society of Argentine, May 11, 1894, a patient of forty years who had been operated upon for cerebral tumor. The symptoms began about one year previous in epileptiform attacks, followed by a paralysis of the left arm, then of the left leg. Later on the attacks became general, and in August, 1893, he entered the hospital San Roque, Buenos Aires. There were present besides the paralysis of the left side, atrophy of the muscles of this side, besides intense head pains and vomiting. The mixed treatment proving of no avail, an operation was determined upon, as the condition of the patient was becoming serious, a semi-comatose condition developing rapidly. The author diagnosed a hydatid cyst in the right motor region, and trephined in the region. Upon inserting a hypodermic needle a clear amber-colored fluid was withdrawn. The cyst was then opened and found to be as large as a small orange. Inserting a drainage tube, suturing the dura, and closing the wound, the patient recovered in a very short time. —*Semana Medica*, Buenos Aires, All. 1, No. 18. W. C. K.

**A Case of Polioencephalitis Hæmorrhagica Superior** (Wernicke).—Jacobus (*Deutsche Zeitschr. f. Nervenheilkunde* Vol. V., 1894). The patient, an alcoholic, had been ailing for some time with paresis of and pain in the upper and lower extremities. When taken into the hospital was confused and talked rubbish. Examination showed paresis of the upper and lower extremities, some atrophy of the left leg, soreness of the muscles, and loss of the patellar reflex. A few days later there was noticed a complete double-sided ophthalmoplegia; no ptosis, no pupillary change; loss of expression and slight left side facial paralysis. Patient became more apathetic, and died two days later. *Post mortem* examination of the brain showed the lateral ventricles, as well as the third ventricle, the aqueductus Sylvii, and the fourth ventricle to be the seat of innumerable punctate hæmorrhages. The tissue itself was smaller, of a dark

red color and abnormal softness. The medulla cordis were not examined microscopically. The peripheral nerves showed degenerative changes of an interestial type. The writer believes that we cannot divorce peripheral neuritis from diseased changes in the cerebral organs. The opinion of Strumpell that the same causative influence that produces the neuritis can call for the destructive changes in the central nervous system is concurred in.

J. C.

**Mental Disturbance as a Cause of Herpes Zoster.**—Anthony Roche, M. R. C. P. I., *British Med. Jour.*, Oct. 20, '94. A lady suddenly received news that her husband had been ordered to India. The next morning herpes was noticed on her left side. An old gentleman learned that a firm in which he was interested had failed. The same evening herpes appeared on his left side. A lady was much distressed at the sudden illness of her son. The following morning the spots were marked. A child aged six, of remarkably equable temperament, was for once disobedient, and sent to bed as a punishment. She cried much during the night and the next morning herpes was apparent. A lady, whose only son was shortly to be married, developed a well-marked herpes zoster on her left side, which she herself ascribed to grief at the loss of her son. In this last case there were pains in the side for several days before the appearance of the spots.

**Hysteria.**—A. Stodart Walker, M. B. (*Edinburg Med. Journ.*, October, 1894), contributes a very interesting article on 'hysteria' with special reference to this disease in the male and its connection with specific organic trouble of the nervous system. He believes the co-existence of hysteria and syphilis is a marked and definite one, but is not prepared to say whether the particular recognition of one existence of these "hysterical" conditions in specific disease is accompanied by the fact that we are careless of recognizing the same taint in all other nervous organic conditions. He believes this probable, and advises to follow the example of the French, and keep a sharper lookout for symptoms of an "hysterical" nature.

A. F.

## PSYCHOLOGICAL.

**Uræmic Insanity following Traumatic Stricture of the Uret r.**—In the *Archives de Neurologie*, July, 1894, Cullerre reports a case of insanity evidently due to retained urinal products. There was a neuropathic family history, and alcoholic excesses of ten years' duration