

of a true tactile agnosia, but asserts that it must be very rare. Dejerine questions the existence of this disturbance. In conclusion a case is described where disease of the peripheral nerves injured electively just those sensory neurones, the normal functioning of which are necessary for stereognosis. [J.]

Forel, O. L. CEREBRAL TRAUMATISMS. [Schweizer Archiv f. Neurol. u. Psychiat., 1919, Vol. IV, No. 1, p. 170.]

Recognizing the fact that chemical anesthesia is always dangerous and sometimes fatal, the author undertook experiments to determine whether a state resembling fainting or post traumatic unconsciousness could be produced, in which operations might be performed. As unconsciousness of this character is a functional disturbance, the same danger would not be attached to it. According to accepted explanations, unconsciousness from shock is caused by a cone of depression of the brain or spinal fluid at the point of concussion and a point of stress at the extremity opposite to the axis of concussion. The bony substance being unyielding and the brain substance being incompressible, there results a displacement of the inner content with consequent vibrations reaching the cerebral and spinal centers. Attempts to bring about the same phenomena in animals by means of oscillations back and forth were entirely without result, but the experiment was then modified to make use of the effect of centrifugalization so that there would be a compression of the cerebral cortex against the internal face of the skull. The head (and with it necessarily the body) were turned about their vertical axis with the result that phenomena were produced in both man and animals resembling functional unconsciousness to such an extent that the author believes continued experiments along the same line will attain the desired result. [J.]

Rosenheck, Chas., and Groeschel, L. B. EXTENSIVE DESTRUCTION OF THE SELLA TURCICA WITHOUT CLINICAL SYMPTOMS. [N. Y. Med. Jour., March, 1920.]

The authors present the history, clinical and radiographic data of a hypophyseal neoplasm which produced extensive destruction of the sella turcica, and which, to date of the report, has produced no subjective disturbance; nor was it possible to demonstrate abnormal phenomena in the sensori-motor mechanism. The patient, who was an analytical chemist, sixty years of age, of keen intelligence, came under observation for a diagnostic study, not with a view of correcting any existing abnormality but on account of his age, to determine the status of his physical organs. Roentgen plates of the skull taken for the purpose of determining the condition of the sinuses and teeth revealed these to be in a normal condition. The sella turcica, however, revealed a wholly unsuspected pathology. The anterior clinoid processes were partially destroyed, there was complete destruction of the dorsum sella and floor and partial

destruction of the wall of the sphenoid sinus. These findings were confirmed by several Roentgenologists of wide experience, who concurred in the opinion that a cystic growth, having its origin in the hypophysis cerebri, was responsible for the destructive process. In view of these findings an exhaustive neurologic study was undertaken to determine the degree of disturbance present in the neural axis. This study yielded absolutely negative results. Nor was it possible to elicit any subjective complaint on the part of the patient who insisted on a general sense of well-being. The authors comment on the fact that grave intracranial processes have been known to exist for months or years without giving rise to demonstrable subjective or objective phenomena. Cushing is quoted, who explains this anomaly by the fact that so-called "silent" areas of the brain are invaded. Thus no abnormal signs or symptoms are manifest. To consider the sella turcica and its contents as "silent" areas in view of the well established syndromes which disease processes in this region produce, would hardly be justified. The fact remains, however, that this area in the patient under discussion, in spite of a rich pathology (so graphically portrayed by the X-ray) is indeed "silent." The cystic nature of the mass, which the surrounding brain structures have acquired a tolerance for, is adduced as a possible explanation for the absence of abnormal phenomena. There is compression without destruction. Hence neural pathways are not compromised. The absence of acromegalic phenomena is explained (theoretically, at least) by the possibility that other endocrine organs take up the functions of a disabled or a destroyed member of the endocrine chain. [Author's abstract.]

Houckgeest, A. Q. van B. A RARE CASE OF CEREBRAL HEMORRHAGE. [Nederl. Tijdschr. v. Geneeskunde, 1919, August 2, p. 343.]

The writer records a case of what was probably primary ventricular hemorrhage. A woman, who was excited about the homecoming of her son, became suddenly comatose one morning. Seven years previously she had had a somewhat similar seizure, but without unconsciousness; she had then left hemiplegia. For a year before the present attack she had become forgetful. Examination shows head deviated to right, but not the eyes; right angle of mouth lower than left. Pulse full and tense. Left pupil $>$ R. She has plus tendon-jerks, L $>$ R. Left arm spastic. Once bilateral Babinski was observed. Left leg spastic. Lumber puncture gave a fluid under slight pressure, flowing by drops, dark yellow and turbid. A week later, head held to right as before, right eye slightly deviated to right; pupils now contracted. Death without return to consciousness. Necropsy (cranial cavity only): thickening of dura and vault; pia very hyperæmic, turbid in places. Behind chiasma there are blood clots; no opening found in vessels at base of brain. Ventricles not definitely dilated, but all contain blood clots. No tumor found, nor any bleeding into the brain tissue which had burst through into the ventricles. The cerebrospinal fluid had a negative Wassermann; its dark yellow