

the end of two months, all symptoms of the paralysis had disappeared. As to the permanency of cure, of course much could not be promised, but as to giving a new lease of life it certainly did that much. The cases in which the results were best were those of caries of the arches, although spondylitis of the bodies did not preclude the possibility of the operation giving a certain amount of success. B. M.

CLINICAL.

PORENCEPHALUS.

At a meeting of the Medical Society of Zurich, held November 15, 1890, V. Monakow reported the history of a case of porencephalus. (*Correspondenz Blatt für Schweizer Ärzte* 1891, No. 5.) The patient was a child 12 years of age. Immediately after birth, which was terminated by forceps, left hemiparesis was noted, and the skull was flattened obliquely from the left anterior to the right posterior portion. The child did not walk until the fourth year. The left half of the body, including the face, was paretic and retarded in its development. There was no distinct contracture, only a moderate degree of talipes equinus. The mental development was slow. Neither defect in character nor speech disturbance. No convulsions during infancy. From the year 1888, epileptic fits recurred every two to four weeks, usually several attacks in succession. They were preceded by a motor aura, the left arm becoming slightly elevated. The attack then ran its course in unconsciousness and general convulsions, which always began and were more marked upon the left side. The spasms occurred without loss of consciousness. Death took place October, 1890, from acute cerebral symptoms unconnected with an epileptic attack. The autopsy revealed a vesicle filled with a clear serous fluid and covered by the arachnoid in place of the right central convolutions, the operculum and partly of the first temporal convolution. The floor of the cavity was funnel-shaped, and communicated with the lateral ventricle by a small fissure. The paracentral lobule was intact. The floor of the defective parietal lobe was composed of small portions of convolutions, radiating toward the base, particularly in the region of the supra-marginal gyrus and the central convolutions. The insula was not involved. The right sylvian fissure extended partly into the cavity. Frontal lobe normal. Occipital and parietal lobes showed secondary atrophy (degeneration of the optic radiations and disappearance of the medullary

substance in the occipital lobe. In the left cerebellar hemisphere there was considerable loss of substance. In place of the walls of the hemisphere a large vesicle was found, communicating with the fourth ventricle. All of the cerebral arteries normal. Secondary degenerations: R. optic thalamus markedly atrophied; R. corpus geniculat ext.; anterior corp. quadrigem. Right optic tract and left optic nerve decidedly atrophied. R. corpus geniculat int., also involved. R. peduncle very small, the right pyramid completely atrophied to a thin cord, the left being normal. The right olivary body and the left cerebellar peduncles were considerably wasted. As to the etiology, the author mentions the defective development of the mother (narrow pelvis) and the difficult forceps delivery, in addition to the hereditary influence from the paternal side. The condition of the cranium is also indicative of forcible compression having occurred in utero. The defective development of the cerebellum, which is extremely rare in porencephalus, was undoubtedly produced by the same mechanical means. The changes in the thalamencephalon and the mesocephalon, as well as those in the medulla, are to be looked on as secondary, as similar changes can be artificially produced. The slight involvement of the left half of the body is remarkable, as the motor zone was, so to speak, completely excavated, and only an insignificant portion of the right pyramid remained. It is worthy of note that the compensatory development of the left pyramid, doubtless gradually gained a decided influence over the right anterior horn. In conclusion, he calls attention to the slight mental disturbances manifested, despite the extensive changes in the right cerebrum and the left cerebellum, and expresses the opinion that in all probability a compensatory development of nerval elements has taken place, or, in other words, an increased function of the left hemisphere. W. M. L.

PAINS OF CENTRAL ORIGIN.

Dr. L. Edinger (*British Med. Jour.*, Sept. 12, '91) cites the case of a woman, aged 48, who had a slight attack of apoplexy three years after endocarditis. The initial symptoms were disturbances of sensation in the right limbs and transient defect of consciousness. Then followed paralysis of these limbs, hyperæsthesia, and intense pain in the right half of the body, and eight months later athetosis and contraction of the arms came on. Temporal hemianopsia of the right eye was superadded and the pains led to