

which a portion of an extremity or of the trunk is affected, it may be practised with good results in many cases of lupus of the face. In this region excision should be performed as early as possible; and even if the wound be an extensive one the surgeon will be able to close it, thanks to the improved methods of transplantation, implantation, and plastic procedure. The scar thus formed, though more apparent than that produced after other methods of treatment, has the advantage of being quite sound, and free from any remains of the disease.—*British Medical Journal*.

#### ANTI-KAMNIA IN HEADACHE.

In the section referring to Antikamnia, Dr. Johnson says: "Its action as an analgesic appears from the best evidence to be central, and I do not doubt that its antipyretic action is of a central character, thereby depressing heat production.

"I ordered 8 grain doses in a case of Cephalalgia, to be repeated at the end of three hours until four had been taken, with gratifying results. It causes no excitation and no depression of the vital forces, and is best administered in liquid form. It is without disagreeable taste."—T. M. JOHNSON, in N.Y. *Medical Record*, 6th June, 1891.

#### DISTURBED EQUILIBRATION IN TUMORS OF THE FRONTAL LOBE.

BRUNS (*Deut. Med. Woch.*, February 18th, 1892) says that the so-called cerebellar ataxy has not the local diagnostic significance which is usually attributed to it, and that tumors in the frontal lobes will also produce it. He relates four cases of tumors of this latter region in which there was marked ataxy, the diagnosis being confirmed by necropsy. This disturbance of co-ordination is not observed in cerebral tumors in other situations—that is, if they are not very extensive. Recently it has been stated that cerebellar tumors only produce ataxy by a direct or indirect lesion of the medulla oblongata, a view which the author does not accept. The diagnosis between tumors of the cerebellum and frontal lobe is generally quite possible. In the latter there is hemiplegia or monoplegia if the growth is placed near enough the central convolutions. The author lays stress upon the pain produced by percussion of the scalp over the tumor, which circumstance would also seem to signify that the tumor is near the periphery. In three out of four cases this tenderness corresponded exactly to the situation of the growth. Bruns also draws attention to the tympanitic note which he, with others, has observed over the growth. Choked disc is especially frequent, and appears early in cerebellar tumor, but is often absent in frontal

tumor. Bruns refers to the resemblance sometimes noted in the changes seen in the fundus oculi in cerebral tumor and albuminuric retinitis. Psychical symptoms are frequently seen in tumors of the frontal lobe. The ataxy is indistinguishable in character in the two cases, and its earlier appearance in cerebral tumor is of small diagnostic value. The ataxy in frontal tumor may be: (1) a direct focal symptom—Wernicke has referred the inco-ordination to paralysis of the trunk muscles, the centre of which Munk places in the frontal lobe; or (2) not a direct focal symptom. This would be the case if the ataxy is looked upon as the effect of a sort of chronic *contre-coup*. The author concludes that the so-called cerebellar ataxy is very often present in tumors of the frontal region, but is rare in other cerebral tumors, and that the accompanying symptoms permit of a differential diagnosis being made.—*The British Medical Journal*.

#### FATAL HÆMOPTYSIS IN A CHILD.

JEANSELME (*Rev. des Malad. de l'Enfance*, February, 1892) has recorded another case of fatal hæmoptysis in a child, owing to ulceration from a cavity produced by destruction of an enlarged lymphatic gland.—*British Medical Journal*.