

# SURGERY

IN CHARGE OF

L. M. SWEETNAM, M.D. Tor.,

Lecturer on Therapeutics in the Woman's Medical College; Surgeon to the Outdoor Clinic, Toronto General Hospital; Surgeon to St. Michael's Hospital;

AND

A. PRIMROSE, M.B., C.M. Edin.,

Surgeon to the Hospital for Sick Children. etc.

---

## CEREBRAL TUMORS.

Messrs. Beevor and Balance report a case of subcortical cerebral tumor treated by operation in the *British Medical Journal* of Jan. 5th. The salient points of the case were summed up as follows :

(1) The gradual onset of the paralysis, involving successively the right ankle, the knee, and hip, and then extending, after the lapse of seven months, to the joints of the right hand, and then to the whole of the upper extremity. Finally speech became affected.

(2) The classical symptoms of intracranial pressure were present—headache, vomiting, and optic neuritis.

(3) The mental condition greatly deteriorated.

(4) There was some loss of sensation, affecting the right limbs chiefly, while the face entirely escaped.

(5) There was no family history of tubercle, and no personal history of tubercle or syphilis.

(6) Under anti-syphilitic remedies, taken for over six weeks, the patient's condition not only did not improve, but grew worse.

The presence of a tumor in the left cerebral hemisphere was determined, and by a consideration of the type signs of involvement of (a) the cortex, (b) the internal capsule, and (c) the centrum ovale, the authors came to the conclusion that the tumor was subcortical.

The patient was a married woman, æt. 39.

The following points may be mentioned with regard to the technique of the operation in this case : The *flap* adopted was the large U-shaped flap of Horsley, and included the periosteum. This flap was planned to expose a large area of the skull, e.g., the coronal and sagittal sutures were exposed, about one inch of the posterior part of the left frontal bone, and