

exaggerated reflexes, with monospasm or unilateral convulsions, may also be present. Tumors of the prefrontal region, by which is meant the region entirely cephalad of the motor zone, chiefly give psychical symptoms of an especial character; when the tumor is situated on the left side, motor agraphia (or orthographia) and motor aphasia are usually present because of the compression or invasion of the posterior portions of the second frontal and of the third frontal convolutions; paralysis and other motor symptoms are often present late because of encroachments upon the motor region.—*Medical Record*.

SUPPURATIVE PERICARDITIS.

C. B. Porter (*Annals of Surgery*, 1900) has brought together fifty-one cases of suppurative pericarditis treated by operation, of which a *résumé* is given. He first considers the surgical anatomy of the pericardium, and quotes several observers to show that there are great variations in the line of reflection of the left pleura from the pericardium. In many cases the line of reflection is at or within the left border of the sternum and it would be almost impossible to trip the pericardium without wounding the pleura.

In a former paper, Porter (*Trans. Amer. Surg. Assn.*, 1897) recommended the following as the ideal method of operation. An incision is made from the middle of the sternum outwards over the fifth costal cartilage. This is followed by removal of the costal cartilage, division of the internal mammary artery between two ligatures, and pushing inwards of the triangularis sterni muscle. The pericardium is exposed, and if pus be found, is opened freely, the edges of the opening being stitched to the soft parts. Irrigation is advised as a routine procedure, and drainage is provided by two rubber tubes, one of which is passed to the bottom of the cavity.

An analysis of the fifty-one cases collected shows that twenty recovered and thirty-one died—a mortality of 60.5 per cent.

The condition was most frequently secondary to pneumonia, osteomyelitis, penetrating wounds, empyema.

The writer comes to the following conclusions: (1) Pericardotomy is indicated in all cases of suppurative pericarditis. (2) Because of the uncertain and varying relations of the pleura, and because of the anterior position of the heart whenever the pericardial sac is distended by fluid, aspiration of the pericardium is a more dangerous procedure than open incision when done by skilled hands. (3) Incision of the pericardium can be done quickly and safely by resection of the fifth costal cartilage, and in many cases under local anesthesia. (4) In many cases of serous effusion, open