

(11) In view of the fact that the swallowing of sputum is possibly dangerous, expectoration should be insisted upon in adults, and its method taught to children.—*English Medical Press*.

[In a considerable series of *post-mortem* examinations, I have come across two cases of tubercular ulceration of the stomach; both were girls, and both under 14 years of age. The ulcers, single in one case and multiple in the other, were in both cases on the lesser curvature, and near the cardiac orifice. The largest ulcer had the diameter of a five-cent piece. In one case there were severe gastric symptoms, in the other none. No hemorrhage occurred. No nodules could be seen beneath the serous coat, as so commonly seen in intestinal tuberculosis.—J.C.]

### CONTRIBUTIONS TO CEREBRAL SURGERY.

Drs. McBurney and Starr, of New York, made a joint report of three operations for cerebral neoplasms. Though unsuccessful, the authors felt that all such cases should be added to the literature in order that a true estimate of the value of cerebral surgery might ultimately be made.

The first case was one in which a diagnosis of a probable gumma of the left frontal lobe was made. The chief symptoms were a progressive development, within two years, of headache and nausea at times, localized pain, increasing hebetude, dimness of vision, with optic neuritis and exaggerated knee-jerk and ankle clonus upon the right side, with right hemiparesis. The operation was performed, and an encapsuled sarcoma was removed from the left frontal lobe, three and one-half by one and three-quarter inches in size. The patient died in eight hours. In connection with these cases Dr. Starr took occasion to lay considerable stress upon mental symptoms as of value

in the localization of frontal lobe lesions. Chief among the mental symptoms are a loss of self-control, lack of power of concentration, and psychical dulness. Such symptoms were present in a large number of cases collected by him.

The second case was one presenting the following symptoms: Choked disc, headache in the occipital and frontal regions, tinnitus aurium, vertigo, numbness of the left side of the face, drowsiness, nystagmus, diplopia, and mental dulness. Later there was optic atrophy, deafness in the left ear, staggering gait, weakness of the right hand, and staggering to the right in walking. On the right side the knee-jerk was exaggerated, and there was ankle clonus. As the symptoms pointed particularly to the cerebellum, an operation was performed, but nothing abnormal was found about the cerebellum, except evidence of great brain pressure. The wound was closed and remained aseptic, the patient recovering nicely from the effects of the operation. He died in about two weeks. At the autopsy a glio-sarcoma was found pressing upon the left half of the cerebellum and left half of the pons varolii.

The third case was one presenting the symptoms of cerebellar tumor. The case was a child of seven. There was headache, vomiting, staggering gait, and optic neuritis. Upon operating, the exterior of the cerebellum was found to be normal. An aspirating needle introduced into its substance withdrew two drachms. of clear fluid from a cyst. The child died suddenly six days after the operation. At the autopsy a small glio-sarcoma was discovered in the cerebellum and in its centre the small cyst which had been evacuated.

One of the chief features in all of Dr. McBurney's operations upon the head is his method opening the skull. He leaves the periosteum upon the bone and with the chisel cuts out such an area of bone as is required in his