A Case of Cerebral Tumour.

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A. J. A— was admitted to this hospital under Dr. J. Greene Nolan on March 4, 1925, suffering from what appeared to be confusional insanity.

Prominent in his case were periods of excitement with auditory and visual hallucinations. His pupils were equal and reacted to light, and a general survey of his condition revealed nothing unusual in this tentative diagnosis.

He was confined to bed, and on May 1, 1925, he developed a temperature of an irregular and low type, his pulse fluctuating between 104 and 130. The confusion deepened to stupor, which continued to his death on May 22, 1925.

Cerebro-spinal fluid taken on May 4, 1925, was clear and colourless, and showed a normal pressure, a normal protein content, a cell-count under 5 per c.mm., and an absence of pathogenic micro-organisms. Blood-cultures were sterile. A white blood-count numbered 6,000 per c.mm. A Widal was done against the *enterica* group with negative result.

The discs were examined by Dr. E. V. Oulton, ophthalmic surgeon, on May 5, 1925, with the report that the left disc showed blurring and hæmorrhages. He suggested the presence of tumour in the left occipital lobe.

Post-mortem examination of brain.—The dura and leptomeninges are normal and there is no excess of fluid. The right hemicranium is healthy. Section of the left shows a large area of rather recent hæmorrhage into the substance of the white matter of the left occipital lobe. This area is confined to the white matter of the lobe, and does not communicate with either the posterior horn or the descending horn of the lateral ventricle, or the exterior. The actual hæmorrhage is surrounded by the merest rind of pink white brain substance, suggesting rather a localized hæmorrhage than a tumour; the posterior cerebral artery carefully examined shows no apparent weak spot in the direction of aneurysm or rupture.

Sections were cut and establish the diagnosis of tumour in the left occipital lobe. This tumour is a perivascular endothelioma and is malignant. It is highly vascular, as most of them are; the capillaries are of recent formation and supported only by endothelium. The microphotograph shows its histology.

The interesting point of this case is the importance of ophthalmoscopic examination in cases showing the features of confusional insanity.

I am indebted to the Medical Superintendent for permission to publish the case.

A Case of Unilateral Hydrocephalus.

By Frank Noronha, M.B., C.M., D.P.M., Superintendent, The Asylum, Bangalore, Mysore State, India.

A case of hydrocephalus, in many respects similar to the one described by Dr. Fred Wilson in the *Journal of Mental Science* for April, 1925, was also observed in the Asylum at Bangalore in December, 1924.

H—, a Hindu, æt. 30, was admitted into the asylum on May 11, 1913. Mentally he was deficient, but could understand a few simple questions and carry out instructions. He had no idea of place or time. His ideas in other respects were childish, and his speech was slow, interrupted and slurring. He was subject to periodical epileptic fits, followed by violent mental excitement. In the intervals between the attacks he was quiet, well-behaved, and diligent at garden work.

Physically he was well developed, except that his right arm and hand, the lower part of the right half of the face and the right half of the tongue were atrophied and paralysed. The lower limbs showed no abnormality. He took his food and did other work with his left hand.

On December 6, 1924, he died from chronic dysentery. On *post-mortem* examination it was found that the dura mater was thickened, and on incision an unusual quantity of serous fluid escaped. The brain was generally under-developed, the convolutions not well marked and the sulci were shallow. The right hemisphere was of normal consistence and the several structures forming it were well-defined. The left hemisphere was saccular and contained milky white fluid. The whole of the cortex formed the wall of the sac, with the left crus cerebri standing out prominently in the hollow of the cavity, not unlike the trunk of a tree.

The lungs were tuberculous. The mucous membrane of the large intestine was ulcerated, particularly that of the rectum, and the submucous tissue was considerably thickened. The right kidney showed tubercular nodules.

It is remarkable that, unlike Dr. Wilson's case, this patient showed no atrophy and paralysis of right leg, and could walk well. Tuberculosis and dysentery were the terminal stages in both the cases. This case cannot altogether be one of hemiatrophy, for the cortex on the affected side was fairly firm in consistence, and on incising it and evacuating the contents of the sac it collapsed partly, like a half-inflated football. The convolutions, though not well marked, were easily distinguishable.

The history of the patient prior to his admission was very meagre, but during the time he was in asylum his condition was not progressive.

There was complete cessation of fits during the last days of his life, when he was in the infirmary for dysentery.

The brain is preserved in the Museum of the Medical College at Bangalore.

Medico-Legal Notes.

An interesting experiment in improved criminal procedure is now being tried in Greene County, State of New York, U.S.A. Information concerning this has been kindly supplied by Mr. Charles C. Coffin, the district attorney (an office corresponding to that of our prosecuting solicitor).

The scheme applies to all cases which are not disposed of summarily. The accused person, having been brought before a police magistrate, is remanded to sessions. While he is awaiting trial (not necessarily in custody) a specially experienced and qualified