artery pressures were unchanged. After a stellate block on the left side there was no change in the retinal artery pressure reading on the right, but the pressure in the left eye had risen to 90 systolic over 52 diastolic. This response to blocking of the cervical sympathetic chain was thought to substantiate the diagnosis of thrombosis of the left internal carotid artery.  

Course. A left percutaneous arteriogram was done which showed no evidence of vascular occlusion. As the patient's condition was becoming progressively worse, ventriculography was performed Sept. 24, 1951. This showed compression of the left lateral ventricle, and shift of both lateral ventricles and the 3rd ventricle to the right, without shift of the posterior ventricular structures, suggesting a frontoparietal space-occupying lesion on the left. A craniotomy was performed, and a large surface neoplasm was encountered which was partially removed. Despite several ventricular taps to reduce pressure, the patient died on Sept. 25, 1951.

Pathological Study. The tumor was a glioblastoma multiforme involving the left frontal and parietal lobes. There was marked generalized cerebral edema.

DISCUSSION

It is to be noted that a systolic pressure determination could not be made in the right eye. This is in itself unusual and not characteristic of the findings of thrombosis of the internal carotid artery. Unless the ophthalmodynamometric findings are completely typical of those reported in a series of verified internal carotid artery thromboses they should be viewed with some suspicion and further diagnostic steps should be taken. In this case arteriography conclusively ruled out the possibility of a left internal carotid artery thrombosis, and it became necessary to perform a ventriculogram in order to finally establish the diagnosis of a space-occupying lesion.

It is interesting to speculate as to the possible relation of such marked retinal artery pressure differences to the future development of unilateral papilledema or even to the Foster Kennedy-Gower syndrome.

The present case raises the question of the relationship of retinal artery pressure to papilledema. Baillart's showed that in papilledema retinal artery pressure was elevated. In the case under discussion it seemed logical to surmise that optic atrophy might have developed in the eye with the significantly lowered retinal artery pressure and thus led to the development of the Foster Kennedy-Gower syndrome.

REFERENCES


MEDULLOBLASTOMA WITH ONSET DURING THE NEONATAL PERIOD

REPORT OF A CASE

ARTHUR B. KING, M.D.

Department of Neurosurgery, Guthrie Clinic and Robert Packer Hospital, Sayre, Pennsylvania

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Medulloblastomas that produce symptoms during the first two months of life are exceedingly rare. Arnstein et al.'s when reporting an instance of an intracranial tumor in a 3-day-old infant, could find only 13 recorded cases in which symptoms of
a tumor appeared before the 60th day of life. More recently, Thiele and Dimmick described an infant who at birth had hydrocephalus which was later found to be the result of a glioma. These authors reported 3 other instances of infants with primary intracranial neoplasms which produced symptoms in the first few weeks after birth. Iyer reported an adamantinoma in a newborn, which is almost unique. Of the 19 tumors recorded in the three papers, only 2 were thought to be medulloblastomas, 1 occurring in the right cerebral hemisphere and 1 about the iter.

The infant whose case history is recorded below first manifested symptoms of an intracranial neoplasm during the second week of life. Undoubtedly the tumor arose before birth.

**CASE REPORT**

A 3-month-old infant was admitted to the hospital with the diagnosis of hydrocephalus. It had been born at this hospital on July 30, 1950, after a normal prenatal course and labor. Examination at birth and during its stay in the hospital had disclosed no abnormalities. The birth weight was 9 lbs. and 1 oz.; the head measured 15 in. in its greatest circumference; the chest measured 14½ in.; and x-ray of the chest was normal.

During its second week of life, projectile vomiting began, so violent that vomitus was frequently projected out of the bassinet. Pyloric stenosis was suspected, feedings were changed and atropine was given. Despite these measures the child continued to have paroxysms of coughing followed by violent vomiting. Otherwise it remained well but gained weight slowly. At 3 weeks of age the baby could roll over by itself. When it was 8 weeks old, however, it no longer attempted to raise its head or roll over, but lay quiet and placid in its crib. The mother first noticed the child's head was rapidly enlarging when it was 10 weeks of age. The physician who had been seeing the infant frequently was insistent that there had been no evidence of hydrocephalus until this time, and that both fontanelles had been small and depressed.