interested in his surroundings. At the time of his transfer to another hospital 10 days later he was up and about. For obvious reasons a follow-up report is not available.

COMMENT

In the usual case of traumatic pneumocephalus there is a skull fracture involving one of the paranasal sinuses or mastoids. In the sinuses and mastoids air can be compressed by the act of sneezing, coughing or swallowing. Thus, if a communication exists between the intracranial cavity and these pneumatic spaces, air under pressure may be forced into the subdural, subarachnoid or ventricular cavities.2

In the patient herein reported there was a penetrating wound of the brain with the lodge-ment of a foreign body in the ventricular system, thus producing a free communication between the ventricles and the outside. When the site of entrance of the foreign body was in a dependent position cerebrospinal fluid escaped and air entered. Treatment requires no special comment. As in all penetrating and perforating brain wounds early and thorough debridement and a tight dural closure are indicated. In most instances a graft of temporal fascia or pericranium is required to bridge the defect in the dura.

REFERENCES


NEOPLASM OF THE CHOROID PLEXUS OF THE LEFT LATERAL VENTRICLE

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Neoplasms may arise from the cells covering the choroid plexuses of either of the lateral, of the 3rd, or of the 4th ventricles. They usually have the structure of a papilloma: columnar or tall columnar cells are mounted on delicate connective-tissue stalks. This arrangement may be orderly with little variation in the height of the cells or there may be marked variation with loss of polarity of the cells and heaping up of the cell nuclei into several rows. At times the growths remain on the surface, or they invade the subjacent brain tissue. Because of the variations in structural patterns and extent of invasion some of the growths are regarded to be benign, others malignant.

A total of about 90 cases of neoplasms arising in one of the choroid plexuses have been reported to date (Herren,5 Posey,5 Walker and Horrax11). While there is no general agreement as to the nature of these neoplasms, approximately 23 of them were considered to be cancerous (Walker and Horrax11 Hirsch and Elliott,6 Van Wagenen,10 Dandy,5 Graves and Fliss,4 Turner and Simon,6 Drucker,5 Musaelyn,7 and Berger8). Among the total number of cases on record, according to Posey,6 only 22 were diagnosed clinically as brain tumors and approached surgically. An additional case has since been recorded by Walker and Horrax.11 Complete recovery was reported in 5 patients. Among these, 4 of the neoplasms arose in the 4th ventricle and 1 in a lateral ventricle; this was the only one occurring in a child (Van Wagenen19). Because of the peculiar structure and behavior of neoplasms arising in one of the choroid
plexuses our observations on a patient in whom such a growth was successfully removed from the left lateral ventricle are presented.

REPORT OF CASE

L.Y., a white boy, aged 6 years, was first seen at the University of Oklahoma Hospitals March 20, 1944, complaining of intermittent attacks of nausea and vomiting, and of episodes of disturbance of consciousness for 3 years. At first the nausea and vomiting lasted for about 3 minutes and were followed by sleepiness. For the last 1½ years he lost consciousness following the episodes of nausea and vomiting. He never had clonic convulsions. By the time of admission the attacks were occurring several times daily.

On admission he was well developed, well proportioned, well nourished, and apparently in good health. The pulse rate was 90; blood pressure was 96 systolic and 60 diastolic. Some exophthalmos was noted. The eyegrounds revealed no changes in the retina and no papilledema. There were no demonstrable changes in the visual fields. Percussion and auscultation of the head disclosed no abnormality. The functions of the cranial nerves appeared intact. Deep and superficial reflexes were normal, with no abnormal reflexes present. The Babinski and associated signs were negative. Muscle power was not impaired and was equal on the two sides. Pain, temperature, touch, position, and vibratory senses were undisturbed.

The rbc. was 3,950,000; hb. content, 13 gm.; wbc. was 5,700 with neutrophilic granulocytes 64, lymphocytes 36 per cent. The urine was yellow, slightly cloudy, acid, with no albumin and no sugar. There were occasional white blood cells in the sediment. The Mazzini test of the blood was negative. The B.M.R. was minus 23 per cent. Roentgenograms, antero-posterior and lateral, revealed increased convolutional markings, with an area of nebulous, punctate densities in the left temporal region, interpreted as calcifications (Fig. 1). A

Fig. 1. Roentgenogram revealing increased convolutional markings and, in the temporal region, an area of nebulous punctate densities interpreted as calcifications.