incontinent. Her visual acuity improved so rapidly that she was able to read a newspaper comfortably within 4 days of operation. She was discharged from Hospital on the 11th day. The papilloedema was then rapidly subsiding and there was no remaining diminution of visual acuity, nor were there any field changes.

When last seen, in March, 1948, the patient was in excellent health, and reported that she was able to thread her needle and do other fine work just as well as before her accident. Her visual fields remained full and her optic discs had returned to normal.

COMMENT

It would indeed be a strange thing if the visual cortex were for some reason immune from the effects of compression by an extradural haemorrhage, and there is no reason to suppose that McKenzie for example, intended to draw this inference. The explanation of the lack of records of visual field changes in extradural haemorrhage is presumably that in most cases the patient is too acutely ill, and at too low a conscious level to permit of accurate testing. However, from time to time as in the present instance, cases are seen in which the clot either develops more slowly or ceases to grow before causing fatal compression, so that although there is evidence of focal brain damage, the conscious level remains or returns to normal. It would therefore be interesting to complete the picture by finding an example of a hemianopia occurring in an extradural haemorrhage of the temporal region, just as it may occur in tumours of the temporal lobe of the brain.

SUMMARY

A case of almost total cortical blindness due to a bilateral occipital extradural haematoma is recorded. Vision was completely restored by operation.

REFERENCES


MENINGIOMA OF THE SPHENOID RIDGE IN A CHILD

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(Received for publication May 3, 1948)

The fact that meningiomas tend to occur most commonly between the ages of 35 and 55 serves as a deterrent to their inclusion in the preoperative differential diagnosis of intracranial lesions appearing during childhood. Meningiomas in children have been reported frequently and have usually been found lying over the

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cerebral convexitics or within the longitudinal cerebral fissure. Frazier and Alpers\textsuperscript{8} reported 6 patients ranging in age from 3 to 18 years with such lesions in a series of 75 meningiomas. The youngest patient in the group of cases published recently by Grant\textsuperscript{4} was 2 years old.

However, meningiomas arising along the sphenoid ridge have not been encountered in patients as young as those just cited. Cushing and Eisenhardt\textsuperscript{4} in their series of cases of meningiomas along the sphenoid ridge, reported their youngest patient to be 26 years old. In the series of such lesions published by Groff,\textsuperscript{4} the youngest patient was a Negress also 26 years of age. Elsberg, Hare and Dyke\textsuperscript{2} described an instance of exophthalmos due to a meningioma, probably arising from the sphenoid ridge, in a 19-year-old girl. The case that we are reporting is that of a boy 12 years of age who had had ocular proptosis since the age of 5. Mucocoele was considered the most likely cause of the ocular protrusion; hence, the first surgical procedure was planned with this diagnosis in mind.

REPORT OF CASE

A boy 12 years of age, registered at the Mayo Clinic on April 10, 1947. His chief complaint was proptosis of the left eye associated with pain about the eye.

History. Data concerning his birth, development and family were all irrelevant. He was in the sixth grade, was a good student and enjoyed sports. His parents first noted protrusion of his left eye when he was 5 years old. The degree of protrusion appeared to vary from time to time, but it was gradually progressive. Swelling of the lid of the left eye occurred with colds. During succeeding years proptosis was asymptomatic and the boy led a full, normal life. At the age of 8 years, the lad struck his head on falling off a pony. Headache developed subsequently and the patient was comatose for an hour. No apparent residua or sequelae followed this accident.

About 3 months prior to registration, headache became a prominent symptom. The patient described the ache as being of the “pressure” type and stated that it usually occurred in the early morning. At times, he was awakened by pain. It was most intense about the left eye and extended posteriorly into the occipital region. At the time of initial onset, the headaches were relatively mild, occurring about once a week and lasting a few hours. The pain progressed in severity and frequency and became a more or less steady ache which was aggravated by coughing and accompanied by nausea and vomiting during the 10 days before examination. It became sufficiently intense to warrant use of narcotics to obtain relief.

Examination. The boy was well developed and well nourished. Except for obvious proptosis, results of general physical examination were entirely negative. Blood pressure measured 120 mm. of mercury systolic and 50 diastolic; pulse was 70. There were no abnormal neurologic findings. The right eye appeared normal. The left eye protruded and was displaced downward and laterally. The exophthalmometer measured proptosis to the extent of 4 mm. The external ocular muscles were not noticeably em barrassed and tension in the eye was normal. The pupils were bilaterally equal in diameter and were active. The fundi were normal. Vision in the right eye was reported at 6/12, in the left eye at 6/30, without the corrective lenses which the patient was accustomed to wearing. Otorhinolaryngologic examination disclosed only slight mucopurulent nasal discharge. Urine and blood findings were all within normal limits and results of flocculation and tuberculin tests were negative.

Roentgenograms of the head and orbits revealed a large mass in the left fronto-ethmoid region which had eroded and decalcified the supra-orbital ridge, the roof of the orbit, and the greater wing of the sphenoid and had, in addition, visibly expanded intracranially (Fig. 1). Special roentgenographic studies further disclosed diffuse opacity of all paranasal sinuses. Roentgenograms of the thorax were negative.

Operation 1. As said previously, mucocoele was considered the most likely lesion and surgery was directed with this diagnosis in mind on April 23, 1947. With the patient under