Proceedings of the Society of British Neurological Surgeons

The 81st Meeting of the Society of British Neurological Surgeons was held in Hull on 24-26 September 1970, as a joint meeting with the Nederlandse Vereniging van Neurochirurgen. During the course of the meeting the sixth Sir Hugh Cairns Memorial Lecture, entitled 'Tria Juncta in Uno', was delivered by Sir Charles Symonds.

SOME UNSOLVED PROBLEMS IN PAEDIATRIC NEUROSURGERY

A. N. GUTHKELCH (Hull) referred to the considerable advances in the treatment of children born with congenital deformities of the CNS and its coverings during the past decade, but felt that a different pattern of development might be appropriate in the 1970s. The loss, at least in Great Britain, of spina bifida and hydrocephalus cases to other hands was an anomaly which should be corrected by each neurosurgical centre taking its share of these problems. This in turn implied that all such centres should have full facilities either in a children's hospital or at least in a general hospital with a large paediatric wing offering a full range of specialized services. Concentration of large numbers of spina bifida cases into a few centres imposed an intolerable clinical burden upon these without necessarily increasing the pace of basic or clinical research.

There was also a danger that, since the technique of surgical correction or repair of certain congenital malformations was straightforward, their rationale might not be considered sufficiently deeply. The problems of treatment of three well-known deformities simplified this concept in different ways. In the graver forms of spina bifida the surgeon must have considered the outcome of the operation not only in terms of individual survival but also with reference to the level of support that society would give to patients and parents. In diastematomyelia the alleged theoretical justification for operation—disparate growth-rates of cord and spinal column during childhood—had been discredited, but there were clinical indications and the underlying pathophysiology should be re-examined. In craniostyosis the deformities of the vault of the skull could be corrected, but not those of the base. Malformations might look much less unpleasant in an adult with a full head of hair than in a baby and the eventual intellectual status of the patient was determined more by genetic considerations than by the alleged freeing of the brain to grow. What then were we trying to achieve by surgery? A more critical approach to our results than the publication of pleasing illustrations was considered to be long overdue.

EPIDERMOID AND DERMOID TUMOURS OF THE CENTRAL NERVOUS SYSTEM

T. I. TAN (Leiden) described three cases of dermoid and

nine of epidermoid tumours of the central nervous system which were treated surgically in the Neurosurgical Department of the University Hospital of Leiden between 1957 and 1968. Their incidence was not found to be significantly related to the sex of the patient but, whereas in the literature half the cases were between the ages of 21 and 40 years, in the present series the highest incidence (33%) occurred in children under the age of 10 years, three being less than 16 months. Examples of intradural and extradural spinal epidermoids were presented and the possible aetiological significance of a history of frequent lumbar punctures, as in the treatment of a previous attack of meningitis, was discussed. Two cases in infants of a median nasal sinus communicating with a frontal intradural dermoid cyst were described in detail with an account of successful surgical excision. One presented with recurrent infection of a fistula opening on the bridge of the nose and the other, with intracranial complications, was observed to have a dimple growing hair in the same situation. These lesions were compared with the similar appearance of certain pilonidal sinuses. Reports of such cases appear to be limited to the ENT literature.

'CRYPTIC TUBERS' AS A CAUSE OF FOCAL EPILEPSY

J. A. N. CORSELIIS (Runwell) and M. A. FALCONER (London) described 10 patients suffering from intractable epilepsy, who were all treated by a lobectomy and who were found to have an unusual structural abnormality in the resected specimens. In six cases a temporal lobe was involved, in three a frontal lobe, and in one a parietal area. (One patient underwent a temporal lobectomy with negative histological findings followed later by a frontal lobectomy in which the lesion was disclosed.) The age at operation ranged from 17 to 46 years, while the average interval between onset of epilepsy and operation was 15 years (range three to 35 years).

In all cases the lobe showed little or no abnormality at operation as well as to the naked eye after fixation. Under the microscope, however, all showed populations of anomalous neurones in one or more circumscribed areas of cortex, often but not always associated with malformed glial cells in the subjacent white matter. Except in one case where there was a tiny calcified shadow deep in one hemisphere distant from the resected lobe, the skull radiography and pneumoencephalograms appeared nor-