

PHYSIOLOGY.

oks.

25  
WG. 1

FROM  
THE LIBRARY  
OF  
SIR WILLIAM OSLER, BART.  
OXFORD

7666 s

Dr. Bales.

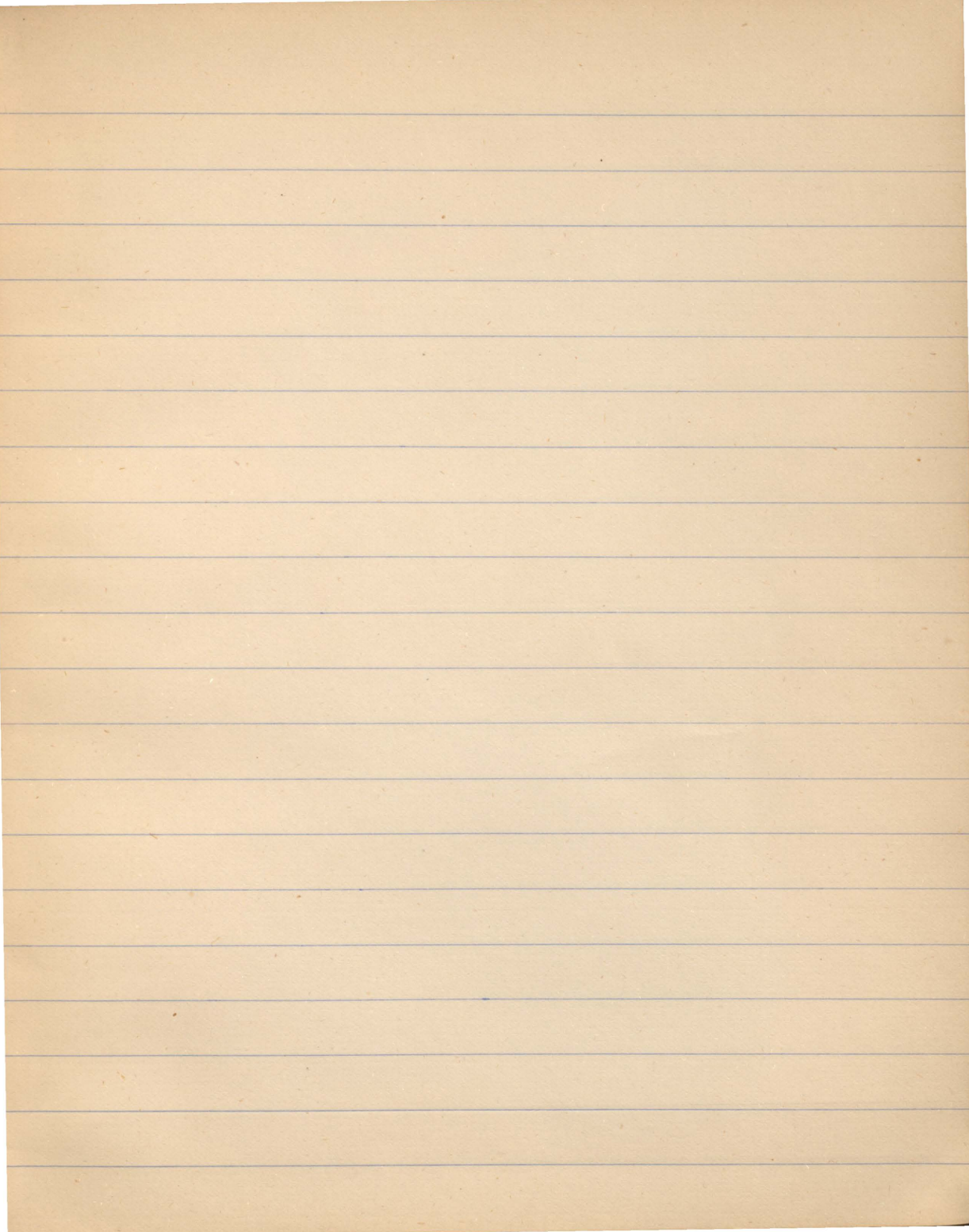
McGill College.

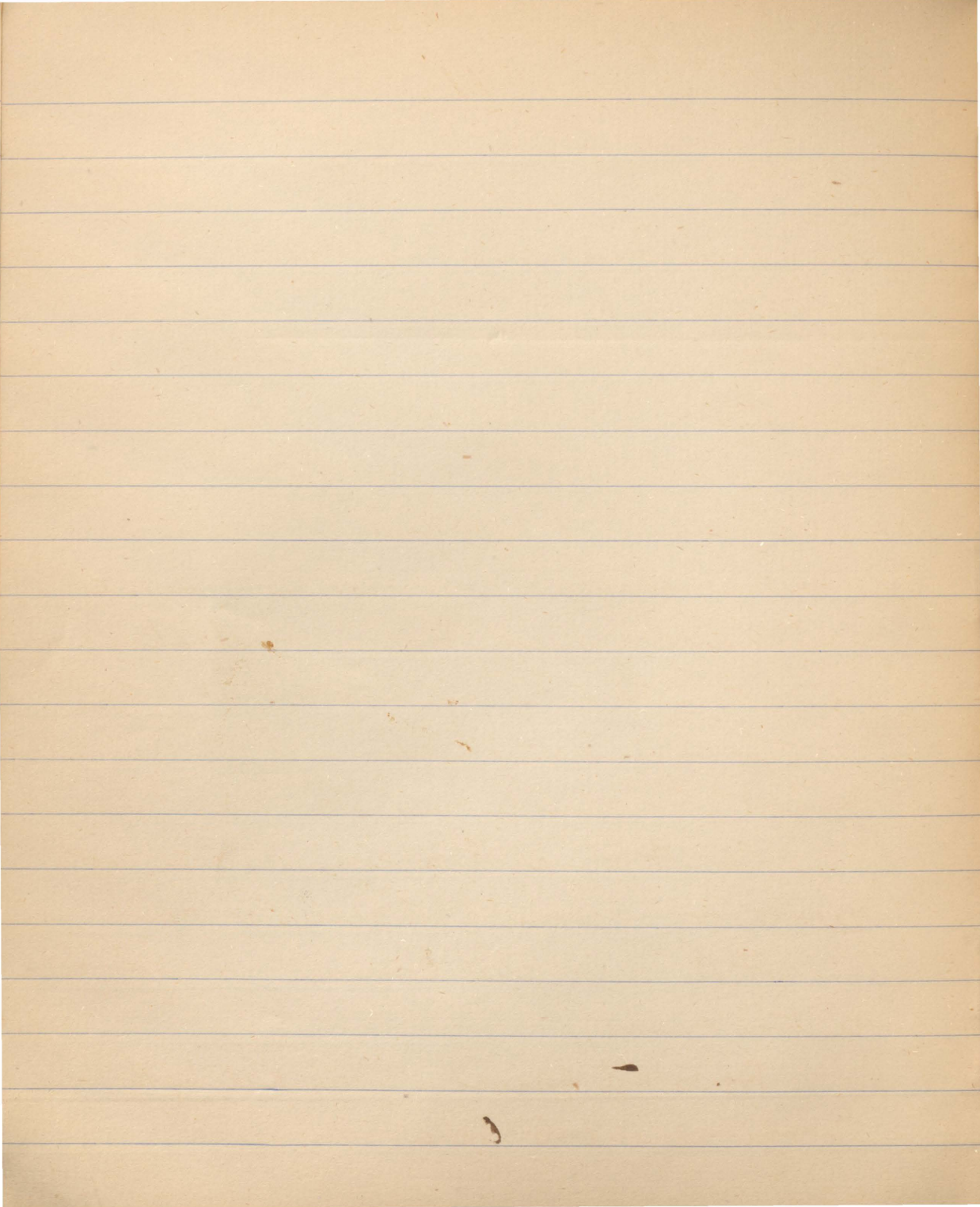
Notes, partly autograph, partly dictated, on the  
arteries, fissures, & convolutions of 13 brains,  
Jan. - Feb. 1882.

Called "series 2," are those additional to the  
"63 hemispheres from 34 individuals" which  
he examined & reported, "On the brains of crim-  
inals," *Canada M. & S. J.*, 10: 385-98, (Feb.) 1882  
(Collected reprints, 45, in # 35-76)? Case 7 here is  
one of his 2 murderers, Moreau, who was hanged  
on Jan. 13<sup>th</sup>. Quick work to have got it and its  
illustrations into the Feb. number!

W. W. Francis, 1942.







# Series II

No 1 (22)

4/1/82

Mary Ann Kenny at 39. ch. Mark cord.  
No. 2 50. P.M. Book. -

Naturally - Irish Canadian. Habits -

Small body, - length - slightly wasted

Brain - weight - 1200 grms

Arteries at base - posterior communicating on right side is absent, branch which should unite is distributed on the crus + optic tract. The anterior communicating is very small - Pia mater on cortex of brain is unusually thin. The

R.H. The 7. S. shallow communication with second fr. by means of its ascending branch

7. R. incomplete communication with retro-central fissure.

Re-central fissure is interrupted by the base of the second fr. Con. -

11 = 43  
24 = 22  
35 = 65

Pre-central con. is split into two at its posterior part so that in the hinder half there are distinctly four convol.

Interparietal presents a well marked radial portion, constituting a distinct retro-central fissure. Its sagittal extension crosses the supra-marginal convol. & unites with another short radial fissure.

Parietal Lobule is split by a deep fissure in the usual position of the interpar. which passes back & joins the ho. occipital.

The first ~~frontal~~<sup>frontal</sup> has no special connection, but a fissure in the position of the F<sub>1</sub> I. passes up & divides the O- from I. lobe, then passes far up into the angular convol.

On the median surface the Callosa-marginal fis. is normal, its post. extension joins with the sulci of the pre-cuneus.

The extension of the Calc. enters the scissura hippocampi by a shallow groove. The collateral fissure joins the calc.



## Left Hemisphere

F.S. complete

F.R. also complete

The superior fr. S. is well developed.

Inferior " is also " "

The base of the 2<sup>nd</sup> fr. gyrus interrupts the pre-aural fissure.

I.P. - radial portion will develop forming a marked retrocent. fiss. Sagittal part normal, passes to behind the level of the P.O. but does not join with it or with the O.

First J. is complete

On the median surface, calloso-marginal interrupted about the middle of its course, a little behind the level of knee of Corp. cal. by a bridge uniting the first fr. the gyrus form.

The fissure of the Arcuatus is marked.

Parieto. Oc. is deep unites with the Calc. & the two together enter the sinciput by a broad shallow groove.

The collateral fissure is complete

Series II. No 2 (24)

James Laurent. 5/1/82. - active -

Scotswoman. Height ~~5' 5 1/2~~ 5' 5 in. From house of Refuge.

Ad. 8 hours after admission. Phy. hepatication - a breast  
baker - business - speaks own - drunk a little. - never in  
childhood of the law. - - -

x Brain weighs 1283 gms.

Nothing special about dura mater.

Blood vessels A. cerebral very large none than  
double the size of left. Basilar appears to be a  
direct continuation of it. Branches of Basilar  
normal. Carotids of large size atheromatous  
Posterior communicating is small on each side  
join off several branches. Anterior communicating  
single.

Anterior posterior measurement  $19\frac{1}{2}$  cm.

Hemispheric arch 25 cm. Anterior curve 13 cm.

Middle curve 6 cm. Posterior curve 6 cm.

S.F. with 2nd F. s by shallow groove with. Anterior.

F.R. complete.

Frontal Convolution much divided. Posterior end of 1<sup>st</sup> split by a secondary fissure; 2<sup>nd</sup> also divided. 2 radial fissures ~~seen~~ ~~at~~ ~~the~~ ~~base~~ ~~of~~ ~~the~~ ~~lobe~~ ~~towards~~ ~~longitud.~~ ~~f.~~ Inter Parietal presents a well marked retro-central sulcus. wh. is isolated.

The sagittal portion appears separated & passes through the superior parietal lobule.

First temporal well marked & has numerous secondary sulci in the angularis.

The superior occipital is well marked & is isolated.

On the median surface.

Callos. marg. f. extends far back reaching to but not joining with the Par-occ.

Parieto-occ. is deep joins to Calcarine & the unjoined fissure opens into the crisura Hippocampi.

Collateral f. is wide & deep extends from near the tip of the occ. nearly 2 cm. of the tip of Tempor.

Orbital evolutions unusual, there is a well  
marked Fronto-marg. sulcus.

Left Hemisphere.

F.S. no communications

F.A. communicates directly with a large sulcus in  
in superior frontal evolutions.

Ascending Frontal, not well developed. commu-  
nicates with 2<sup>nd</sup> frontal.

Inter-parietal is unusual. passing obliquely  
through Par. lobe. The radial portion also  
forming a well marked retro central Sulcus  
1<sup>st</sup> Temporal is normal.

The 2 occipital communicate with each other  
superiorly & pass into the Temporal lobe.  
On the median surface the callos-marg. S.  
is interrupted about its middle by a bridge of  
brain substance uniting 1<sup>st</sup> Frontal and 9. F.  
Par-occipital joins the calcarine wh. then  
passes directly into Scissura Hippocampi  
Collateral F. is strongly marked as on other side

Orbital encephalitis normal well marked  
Furrows marginal sulcus  
Cerebellum normal.

Series II Case III

Rose

age 32

vid of Pithis considerable maturation  
Arteries of Base Vertebrals of  
Equal size left post communis  
is exceedingly small threadlike vessel  
Sylvian Arterie normal. Organ  
weights 1180 grams, cortex presents  
very considerable oedema in sulci  
Right Hemisphere. Sylvian fissure  
by narrow groove with 2<sup>nd</sup> &  
Pre & S well marked, 2<sup>nd</sup> frontal gyrus  
fissured from its central part  
A.R. isolated from Retrocentral by  
shallow groove  
Retrocentral isolated does not com. to  
interparietal  
I.P. has a perpendic radial portion  
parallel to Pre & S. Measurement 19mm

behind Sup Marg ~~89~~ & joins 1<sup>st</sup> J  
Sup Occip 7 penetrates into the Sup  
Pari lobule & here takes place of the  
transverse branch of S. P.

Inf. C passes forward into the Temp  
lobe but does not come to any of  
temp sulci below it joins the  
fusiform fissure, on median  
surface the cal mag 7 is interrup  
by by three bridges uniting 9.7 to  
14.7, the 9.7 is unusually  
fissured.

Par. C normal uniting to Calcare open  
by wide sulcus into *Cisura hippocampi*  
bis lobe sharply marked

~~Left~~ Orbital Condulet normal  
well marked Frontal mag fissure  
Left Hemisphere

S. 7 isolated

Sup 7 interrupted middle of its course

by a bridge uniting 1 + 2<sup>nd</sup> Frontal  
In 7 normal

Sub-Par presents a well marked pre Central  
sulcus with uniting nerves well marked  
from the 1<sup>st</sup> Temp its transverse portion  
is isolated

Sup C joins 1<sup>st</sup> Temp the Inferior  
joins the fusiformis

Calcarae + Par C are normal & open  
div into Casura hippocampi

Collateralis strongly developed unit  
by shallow sulcus the ~~of~~ Fusiformis  
Orbit Canal normal

well marked Frontal margin sulcus  
Right Insula well marked Gyra  
Left the same

Collosum marginal + Post & Anterior  
bet G. 7 + Pre Cuneus



13/1/82

Series II case 16

Ann Cusack at 32. death of Pneumonia  
History - recent named woman -

Head vessels.

Vertebrials equal. Arch of Willis normal  
Weight of brain 1200 grams. Left Hemisph  
Sylvian fissure communicates with with  
frontal fissure particularly inferior front  
The Sup Frontal is well marked.

F.S. by shallow sulcus with first temporal  
and with I.P.

I.P. with superior frontal by a deep  
fissure

over

I. P. has well marked radial portion. Sag part communicates with sup. O. and by a shallow groove with sup. I. The inferior O. communicates with the sup. I. there is a well marked frontal marginal sulcus on the median surface the Callosal Marg is interrupted by several bridges of brain substance a posterior extension separates the I. F. from the pre. C. The

The P. O. is normal. The Cal fissure passes directly on into cissura

The Cal fissure is well marked and unites with the Calcar., No. H

The fissure Silvius communicates with inf frontal and by extension with the sup it joins into parietal by tolerably deep surface. The frontal convolutions are normal

The fissure Ore is isolated

The parietal fissure communicates with  
fissure of sylvius & by shallow groove with  
sup occipital

The inf Occip communicates with inf  
Temp. On Median Surface the  
Cul Marg is normal

The Par Occ is normal. Calc F joins by  
a deep and wide fissure.

The Collateral F is normal.

Orbital Convolution normal well marked  
frontal Marginal fissure. Nothing  
special about cerebellum

Series IV

Right Hemisphere C. E. Cameron  
Left " J. J. Gardner

Series II Case V - Month Apr 22

Mark from Ulcerative Endocarditis

Vessels at the base. R.V. small compared to L.V. Circle of Willis complete.

Left Hemisphere

F. S. communications with C with fine frontal by deep wide sul. with S. T. by narrow sul

F. R. isolated. deep frontal F. well marked. F. O. - several longitudinal fissures none very marked Second F. G. large strips from anterior frontal and interrupt Pre Central fissure. The inf. F. sul interrupted by ridge between first and third gyri.

S. P. with marked radial portion and ~~marked~~ S. P.

from Sigmoid part by narrow C.

The Sag. P. passes back and joins  
Sup. occip by shallow S

The upper part around P. C is  
supraventricular radial S. The 1st Sup  
is from F. S. and by shallow  
non Sal the Sigmoid part of Sigmoid P.

The Vorticula F. well marked  
commencing lower occip.

Mc. Ten Sul distinct.

On median surface the P. occipital  
well dev. The Callosum also well  
developed - The continuation of  
the compound F. enters Cirrus  
Hippocampus. The Collat F.  
well marked and extends to na  
tip of Ten. to tip of occip lobe.

The furrow is also a long F. and  
runs parallel to Collat about  
 $\frac{2}{3}$  its extent  $\bullet$   $\bullet$  the Sul Callous

Mass. is interrupted about middle  
of course by bridge uniting 1st &  
with G. F. It joins back and  
joins the Trigem. - Pre Curious.

There is well marked Frontal  
temporal Convulsion which joins 3d &  
Ophthalmic Convulsion normal  
Hemisphere given to Mr Alex. Shaw.  
Organ weighs 1423 grammes

### Right Hemisphere.

F.S. by a shallow furrow with Retro Central  
F.R. isolated. The Sup and Inf Frontal  
sulci well marked. The Pre Trigem. is inter-  
rupted by the base of the second.  
The

The I. P. the Radial fork - "Retro  
Central" is isolated the Sup. part is normal  
but communicated the P.O.

The second Temporal not well marked.

The sup occip. normal. - A Rodial 7. from  
low

) A Rodial 7. from down thro  
angular for the I. P. bth margin of  
temporal lobe cut off the  
temporal from occip. gyri.

On the median surface P.O. normal  
Calcar. do. It commences by med  
sul. with. Cuneus Pocrapi

The Col 7. strongly devel. fusiform  
and small. - The Calcar. Mor. normal.  
It does not communicate with  
sulci of the PreCurvations.

The 7. Mor. fiss well marked.  
Orbital Convolution well marked.

Amniph given to Donald Campbell.  
The Cerebellum and contiguous parts  
as far as examined look normal.

Series II. Case VI.

14/1/82

Old woman dead of Fibroid Pithy an.

Arteries at base. - Cerebral Equal.

Right a little larger than left. - The R. Post  
Cerebral double size of left. The Left. Post.  
communicating forms from a very small  
portion and it joins one of two right  
Post Cerebral from off from Cerebels.

Organ weighs 1253 grammes.

Right Hemisphere

F.S. by a deep fissure with Pre frontal and  
with Inf. F. -

The F.R. isolated

The 1st 2d & 3d F. are normal. The base of  
2d intercept the Basal Frontal C

The 1st Inf. Communical - with 2. P.  
by shallow sulcus with the F.S.

The Retro Cerebral - well marked and  
has a short sag. extension to P. Par. Lob.

The sag. part of Infr. Par. is separated



for Radial part of cranium by shallow  
groove to P. O. - The sup. Inf. Occip  
communicat with each other - otherwise

normal. On median Super. st-  
~~Callos~~ Max. normal. Communicat  
with Sulae in Pte Cuneus.

The P. O. large. The Callos  
usually wide and deep. at its base is  
a shallow flat space  $3\frac{1}{2} \times \frac{2}{3}$  C. M.

The Cuneus is small and narrow.

The Callos communicat by wide sulc  
with the Cin. Hip.

The Collat F. well marked.

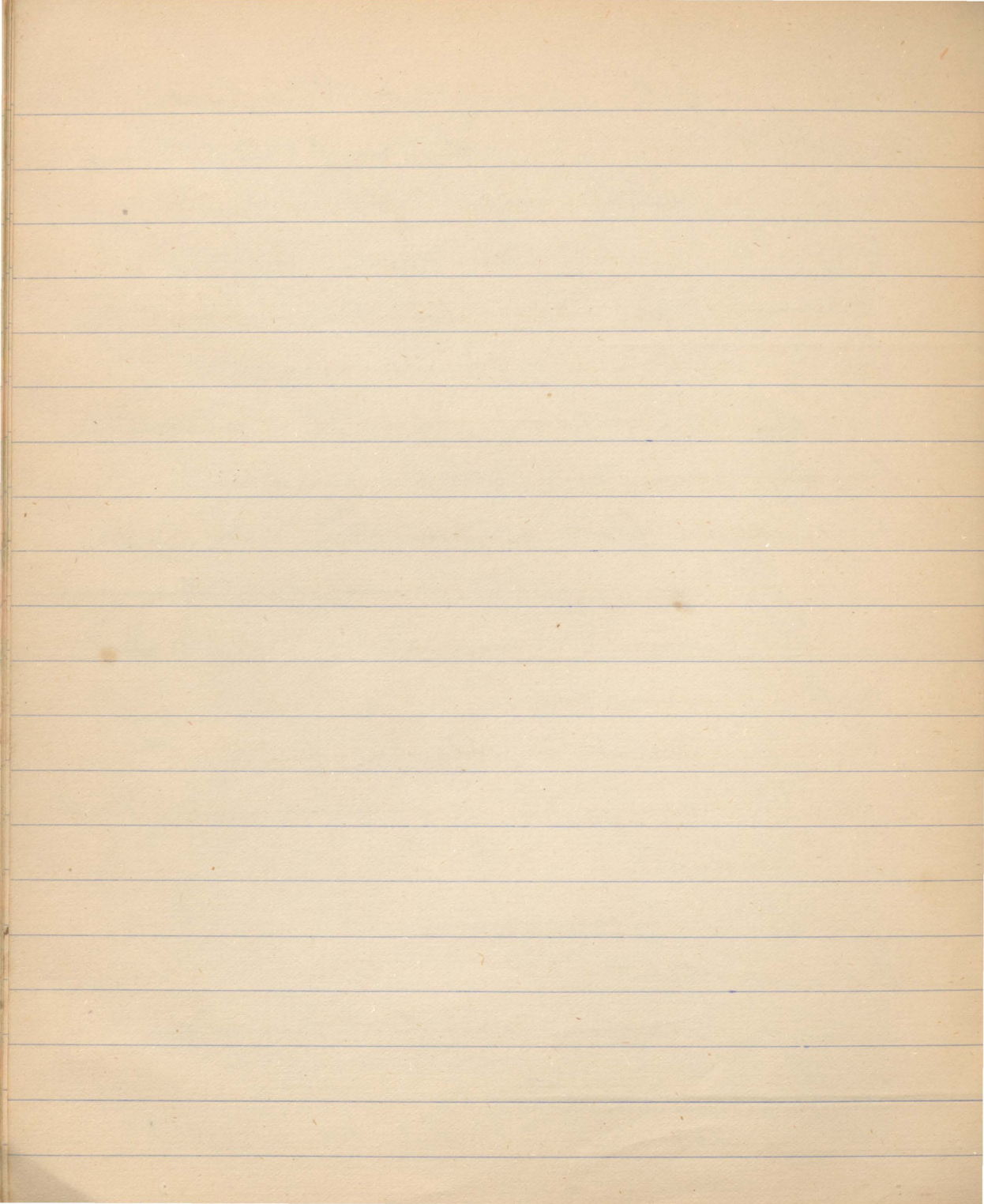
The Cuneiform communicat with  
Occipital

Left Hemisphere

F. S. involat.

F. R. by shallow narrow tolerably sulcus  
with 1st Frontal.

1st Frontal and 2d and 3d Frontal 1 normal.



Artery F. 7. joins 2<sup>d</sup> and enters p<sup>h</sup> 4  
2<sup>d</sup> F. R. convoluti.

The I. P. has an imperfect retro  
Central part - the sag part normal  
except for an entropia, & below  
D. Pa Lob and Angulosis.

1<sup>st</sup> Group has several bifurcations with  
angulosis.

Inf. Occip vein - 1<sup>st</sup> Group

Sup. " isolated

The M. Median Surface Th. P. O. normal  
Culiciformis wide and deep as in the  
other side but the trough like depression  
is at base not quite so marked  
lobot. 7. distinct and large and  
deep Fusiformis.

The Glom. Cellow Mass is in the  
tridy below 1<sup>st</sup> frontal and G. 7.  
posterior corner cut - find with  
Culiciformis of Pre Cuneous.

The G. F. split in ant.  $\frac{2}{3}$  of extent by  
a shallow sulcus not terminal in  
below marginal.

The orbital Cuvulata appear normal.  
then to a small Frontal marginal C.

Series II Case VII Moreau, the Rancousk, Murderer  
History, vide C.M.S. Journal, Feb., 1882.

Weight of organ. Cerebral hemispheres do not quite cover the cerebellum

Hemispheres large, no abnormality about membranes.

Left hemisphere.

S. F. <sup>asc. Par. (retrocentr.)</sup> shallow & very narrow groove. S. F., c  
inf. Fr. F. R. sends a deep S. groove upper end of Asc. P. Gy. which curves round the margin & unite with Sulci cricatus of pre-mucous. There is no well marked, asc. front. Gyr. a deep Sulcus separates the upper part of Asc. F. from the 1st F. Gy and thus unite with 2nd Fr. S. 1st. Fr. Sulc. imperfect. 1st & 2nd gyri unite in ant. 3rd of their extent. 2nd Fr. Sulc. well marked. unite c F. S. 1st & 2nd Fr. Gy. small in comp c 3rd, which is wide & has several processes. Asc. frontal Gyr. is large.

There is a well marked asc. Par. Sul. (retrocentral), which is isolated, but a narrow very shallow furrow unite it c F. S.

As. Par. Gy. is narrow. J.P. <sup>Sula</sup> is radially placed & ~~Gy.~~ is separated from the

As. Par. by a <sup>radial</sup> Gy. which runs into the sup. par. tubule. The Sulcus joins the 1st T. & does not extend beyond the level of P.O. The S. Temp. Suf. is crossed in two places by bridging gyri uniting 1st & 2nd T. convoluted. Its posterior part has two branches one wh. joins the J.P. the other to the inf. Oc. The sup. Oc. joins P.O., the inf. Oc.  $\subset$  the 1st T.

2 Temp. not well marked. Aug. & supra-marg. gyri of full size. On median surface P.O. comm.  $\subset$  sup. Oc. & by shallow groove with S. cruciate.

Calcaneal Sul. normal. - does not join Scissura Hep., Cuneus small. Lingualis much fissured. Collateral Sulcus long numerous secondary fissures into Ling. & preiformis

Sulcus. Cull-margis. presents very many secondary fissures into 1st frontal. Gy. form. fissured <sup>long</sup>. Precuneus much present. Orbital curv. & Gyri normal. Well developed. Front. Marg. Sulcus. G. gyri in Osula.

R.H. 78. c retro-central. by shall groove.

with precentral. by shallow groove.

F.R. c I.P. and 1st Fr. by narrow shall. fissure.  
Pre central fissure. extends to root of 2nd Fr. 9. & then  
unites c 2nd Fr. Sul. 1 2 & 3rd Fr. Gy. well developed  
& distinct in post. part. Ant. 1 & 2nd. not fused  
& present. numerous cross sulci. Asc. fr. 9. narrow at  
its middle part.

I.P. radial portion marked, joins the F.S. It is partly  
inter. by a narrow bridge below. Asc. par. & sup. marg.  
Gy. Sagittal part, narrow at first, passes back & has  
three branches, one passes up into the sup. par. while  
the 2nd back in a horizontal direct. & joins a fissure  
in position of inf. occ. which extends to end of occip. lobe  
another part of it passes vertically, across the back part of  
2nd Temp. Gy. and joins several irregular transverse  
sulci in the posterior, the 3rd part of I.P. passes down &  
unites with 1st Temp. The As. par. Gy. is large & well  
developed below. narrow above & present. by a narrow groove  
th. unites the I.P. & F.R. Asc. sup. marg. & sup. par. <sup>groove</sup> much  
1st T. c I.P. 2nd not marked, several oblique sulci

cross the 2nd. T. 9.

The sup. occip. joins the P.O. The inf. occip. the  
I.P.

Median surface. Call. marg. extends to level of one of  
1st Fr. when it ascends to the margin, being intersup.  
of a large annectant joining the 9. Fr. + 1st Fr.

The ~~horizontal~~ <sup>oblique</sup> articulation of it - <sup>and joined by sclerites</sup>  
the ~~horizontal~~ <sup>oblique</sup> ~~present~~ a shall. part, which joins  
multi-  
the 5th. crurae, wh. are very numerous.

P.O. c. sup. occ. joins Calcav. & the unrolled per.  
\* of skull gr c. 7 coll.

enters the Sarcina (Hippoc). The crurae - small. Precur.

large. In ant. border all defined

7-Collat. large & deep. and c. Calcavine

Furrow, not well marked.

E gypsi in vesicula. Orbital con. normal. There is  
a narrow Fr. mag. Sulcus. There is a distinct -



19/1/82

Case VII. bones II

Cranium lie at 33. named - separated from her  
husband. was been a prostitute

Left Hemisphere. S. F. by shallow sulcus  
with F. R. Pre frontal and I. P.  
F. R. with Pre frontal of well marked  
sulcus. The Superior F. R. well  
developed. Sup Frontal separated  
from Pre frontal a narrow bridge  
of tissue. The Pre frontal is  
interrupted in the mid of its extent  
by a bridge of tissue. Its upper  
part - well developed. I. P. well  
marked radial portion by part-  
processes far back to the occipital  
The Sup Temporal very long and  
communicate with upper Occipital

afternoon  
post  
11/17

~~The Superior frontal very little developed~~  
Passes far back and joins occipital  
Superior temporal passes far up  
into auricularis median temporal  
not well developed on median  
surface P.O. and lateral normal  
and join S.C.H. Lateral band  
normal extends rather far back  
The lateral large and communicates  
with superior Occipital. The condyles  
of Irlan are numerous nine separate  
zyga are counted

The on the median surface P. O  
normal leaf, do they do not enter  
the S. H. The lateral furrow long  
and deep is isolated. The leaf  
May normal it joins the sulci  
of the quadrilateral tube. The Cent-  
lobe is large and has seven or  
eight-folds.

### Right-Hemisphere

S F with P. frontal and  
shallow furrow with F. R. & with  
S. P. ~~forming~~ F. R. deep  
sulcus with S. P. The superior  
frontal very well developed. The  
S. P. runs directly from F. R.  
its radial portion (<sup>before center</sup> Reef) is  
separated from sag part and  
unites with F. R. by a shallow  
sulcus. The distal part-

2 1/1/82

Case 1X Series II

at death of cancer of esophagus  
& Cardia. - Soccal position.

Height - 5ft 3in. Weight of brain about 1115 gm  
Cerebral vessels - Vertebrals normal of equal size  
Basil are normal.

Right posterior Communicating very small

Left " " is large, joins a small

Dura mater presents in the falx a small bony

Hemispheres cover cerebellum

Arachnoid is opaque & a considerable amount

Right Left Hemisphere - F.S. isolated - F.R. ditto -

fiisura in its central part & the superior is slightly

F. Sulem is not well developed, joins the inferior F.

The Sp. is well developed, the radial part

First Temporal joins inferior Occipital by a narrow

On the median surface the P.S. normal,

hippocampi. Collateral F. normal.

Branch of basilar & together they form the posterior cerebral-  
-spicule.

of subarachnoid fluid.

Frontal Convols. well marked, the middle presents a deep  
fissure for about an inch at its posterior end. The ascending

most distinct below.

groove. On the median surf

Calcar also the conjoined fissure enters the sinus

The Callosomarginal is in two portions. The  
a connecting bridge separates the two parts.

Orbital Convolution normal - is a well

Right Hemisphere. →

F.S. communicates by shallow sulcus with the  
F.R. isolated Superior Fr. Sulcus well  
interrupted by the base of second frontal G.

First Fr. G. is split at its posterior extremity

I.p. is normal - First Temporal normal

On the Median surface. P. O. normal -

Collateral normal - Callosomarginal also

Insula at its apex presents four gyri, at  
Pons & Cerebellum normal

anterior normal, the posterior part fissures the G.F. &

marked fronto-marginal fissure.

At its apex 3 gyri at base 9-  
asc. fr. & by a similar one with s.p.

marked Superior fr. S. joins a small asc. fr. which is

by a deep sulcus which extends for 5 cm.  
joins inferior occipital. On the 41

Calc. ditto, the united fissure enters the plicula hippocampi

Orbit Orbital well formed

its base are 8

27/1/82

Series II Case X

Caroline act.

Vessels at base normal

L. Hemisph. ~~FB~~

F.S. Isolated shallow communication c. pre-Fr.

F.R. shallow commun. to I.P. and to Rt Fr.

SB. Sup. Fr. S. very well marked. ~~Ref. Fr.~~

Inf Fr. joins the pre Fr. wh. is interrupted by base of Lud Fr. G.

Lud Fr. G. presents a median division extending about 3 Cui's, splitting it into 2 convolutions

I.P. radial part. interrupted by an extension from the Asc. P. G. to the Sup. Par. Lob.

Septal part, passes round Sup. half of I.P. & is crossed by a bridge uniting Aug. to Sup. Par. Lob.



1st Temp. is lipid at its extremity upper limb  
passing into deep. marg. The other into Ang.  
Middle Temp. not well marked.

Angularis branch of 1st Temp. joins a deep S  
wh. passes across the face of Temp. Cuv. &  
towards under surface.

Deep. Occ. S. isolated

Inf. Occ. normal.

P. O. normal

Calcaine very deep penetrates bottom a broad  
groove. It passes to Scis. but a prominent  
band of white matter <sup>interrupts</sup> ~~separates~~ it.

Cuneus is small.

Pre Cuneus large

Call. marg. S. interrupted in part  $\frac{1}{3}$  by a wide  
anastomosis joining the G. F. + 1st Fr.

Collateral S. is well developed

Trisiformis <sup>9th</sup> is not marked. End of lineum.  
presents a peculiar stippled appearance  
as if there were a number of small  
watery vesicles beneath it. This

to has been noted in several instances  
Orbital Cerebros. normal.

Fr. heavy S. well marked joining 1st Fr.  
Insula. 3 G. at apex & 8 at outer part.

R. Hemisphere.

F. S. normal.

F. R. communicates @ 1st Fr. by a deep  
wide S.

1st Fr. exceedingly well marked curve be traced  
to the apex of the lobe.

Inf Fr. joins a small Ass. Fr.

1, 2 and 3. F. G. are well developed. 2<sup>nd</sup> towards  
its ant. part is a good deal interrupted by  
cross fissures

I. P. Has an ill <sup>developed</sup> marked radial portion  
only seen at upper portion of it.

Capitall part. passes back. and is  
interrupted by a small annectant.

It joins 1st Temp by a shallow S.  
& its hind part unites @ lower occ

asc. Par G. is small at upper end.

Dep. Par. Lob. much ~~folded~~ fissured.

1st Temp. joins T.P. by a narrow ~~cut~~ S.

2nd " not at all well marked.

~~2nd + 3rd~~ 2nd + 3rd T.G. being crossed by numerous secondary fissures.

A very well marked sulcus passes from near the tip of occ. lobe transversely to Temp lobe behind middle of 1st Temp. S.

P.O. well developed

Calcar. shallower than usual, passes to but does not enter Scissura.

(examine carefully 3 small G. near Sciss. Hips.)

Coll. Sul. well developed.

Fusiformis is well marked and extends far into temporal lobe.

Coll. long. S. is interrupted about middle of its course there has an ascending kind.

passing the top of Hemisphere  
in front of F.R. Post part of  
fissure joins cuneate fissure  
of Quad lobe. ~~Orbital can~~

Orbital Cerebellum normal. well marked.

Fr. trans. fissure

Insula. Comprised of 4 G. at its outer end  
and at its inner part 9 can be  
counted.

Mary Bowen.

No 11 Series? Death from Gangrene, Pneumonia.

Weight 1335 gms. organ well shaped look  
well developed. Cerebrum covers Chl.

R. Hump.

F. S. with second frontal. Ascend. limb bifid.

F. R. Isolate. ♀

Frontal Lobe Large convolutions well developed &  
beautifully marked.

1<sup>st</sup> Fr S. is well developed. has no definite  
vertical hauch.

2<sup>nd</sup> Fr S. has small vertical hauch which  
communes to F. S.

Asc. Fr large.

J.P.

strongly marked Rad. fact. wh. runs parallel to S.R. in greater part of its extent. Mag. Part has a small ant vertical branch. passing into Sup. mag. G. vis enim c. S.S. by a shallow groove. Main part passes back. & unites by a shallow groove c. the Sup. Occ.

Pac. Gyr. well developed.

1st Temp. at its hinder end has 2. branches. wh. pass into Aug. G. Lower one has a vert. branch extending to inferior margin of the p.

2nd Temp. G. not well developed.

Sup. occ. has a vert. Branch in pr. of Uern's p.

Inf. occ. is well marked.

Median Surface.

Call mag. passes far back. and enters the Pac. Curr. passing nearly to the P.O.

P.O. normal

Calcium extends into Scissura

Collateral. is well developed extends far into the

Inculae Gyri 3 at outer 8 at inner surface.

Left Hemisphere.

F.S.

sep by narrow bridge of gray matter, a well developed P. cereb.

F.R.

Isolate

1st Rad. G. S.

(2nd) well marked, latter has a deep vertical branch wh joins 1st Temp. extends to margin of Hemisphere only slightly interrupted by 1st L. G.

I.P.

Thy Rad. branch. not so well developed as on other side. Sag. part divided into 2 parts by a bridging G. between sup. par. lob. and sup. brain. conv. part part of this extends far back & unites to the sup. occ. & through it to the P.O.

1st Temp

Sul. is well developed. has several side branches in Ang. Gyri.

2nd Temp.

not at all well developed.

Sup occ.

joins P.O. and I.P.

Inf Ocell extends to Angularis  
Mid can Surface

Calcary. communicates posteriorly with the Trin  
Cuneata \*

P.O. Large

Calcary. divides off a very small Cuneus  
juncture goes to but does not  
appear between the Sciss. Hip.

Collateral ind. well developed.

Inscular Eye. 3 at niter anfr. 8 at inner part

Orbital convolutions normal on each side

No 12. Series 2.

T.



Case 12 Series 2

4/2/82.

Doherty. Irish American aged 25 Death from  
tubercular meningitis.

Cerebral Hemip's cover Chl.

R. Hemip.

F.S. unites to 2nd Fr. & is separated FR by  
a very narrow saggittal Pyrus.

FR. by narrow groove to F.S. & by small  
groove to 1st Fr.

1st & 2nd Fr. F. well marked both have well marked  
vertical portions wh. are separated  
each other by base of 2nd Fr. Gy. This  
Gy. is very wide esp in ant. part.  
and is split in this region for a  
distance in its anterior  $\frac{1}{2}$ .

Acc Fr. Gy is large.

I.P. has a separate radial portion forming  
a prominent retro central sulcus.  
Sag. part has a shallow groove of

communications & Rad. units  
behind

1st Temp. which joined at its upper part.  
& joins I.P. by a shallow groove

Parietal Sphenoid well developed. Then

There is a marked vertical occipital join.

one or two Sagittal extensions

On median surface.

Callway. normal

Fin. Cruciate well developed.

P.O. + Calcarine normal.

Coll. tube. is very long extends from base  
to tip of occ to near tip of Temp.

Insula large has 4 convolutions

L Hmp.

F.S.

with I.P. & by shallow groove &  
2nd ~~FP~~ Fr.

F.R.

Isolate.

1st Fr.

has marked vertical hauch

Its sagittal portion is bifid and  
meant to obliquely into 1st Fr.  
Gy. & then into 2nd Fr. Gy. Upper  
branch is interrupted by a bridging  
Gy. uniting 1st & 2nd

2nd Fr. Sul. well marked has a deep sulc.  
of communication to 1st Fr.

2nd Fr. Cm. ~~Par~~ Sul. also part of 2nd  
Frontal Gy. is split into two.  
but convolution is interrupted in  
its center by the sulc uniting  
1st & 2nd

I.P. prominent Rad portion Paq  
part is interrupted by a narrow  
gyrus uniting Sup. Par & Sup. Paq  
Par. Convolution well developed.

1st Temp. has a transverse branch wh.  
passes out towards occipital  
& has several bifurcations  
obviously it does not extend

to apex of lobe but is interrupted  
by an annulet. It also  
unites @ a triangular sulcus in  
proximal of 2nd Temp Sulc.

Median Sulcus

Callus interrupted at its post  $\frac{1}{3}$  by  
an annulet. its ascending  
portion transverses thro. lat margin  
of hemispheres.

P.O. normal

Calc. does not extend to margin of  
Hump, is not so deep as <sup>it</sup> is of the  
series

Collat. well marked.

Insula B. gyri

Orbital look normal.

Small points marginal fins.

Case 13

- at

English by birth

Hemiplegia - embolic softening in rt. Corp. Str.

Hemispheres cover cerebellum.

Left. Hemisphere -

F.S. has an asc. ramus ~~into~~ just behind  
Asc. par. gyr. in part of as par. sulc. It is  
interrupted by an annectant bet. asc. par. gyr.  
and a well marked retrocent gyr.

F. Rot. sends a sagittal br. into 1st Fr. gyr. pr 1 with  
1st Fr. Sul. well developed

and F.S. has a prom. asc. or vert. branch which forms  
a tot. compl. as. frontal Sul.

2 Fr. Gyr. is deep, fissures pr scum in its centre

Int. par. fis. pos. normal. It is interrupted by a shallow

annect. wh. under sup par wh. & sup. margin gyr.

Behind. it joins the self occup.

There is a retrocentral or asc. par. sulcus. in add.

to the asc. or radial br. of int. par. It runs all

along the retro-cent gyr. which is interrupted at its middle  
by a narrow bridge. Below it runs into Fr. Sylv.

1<sup>st</sup> T. c. 75. } shallow groove. It is interrupted by an  
anastomosis. Its post. part has a vertical  
br. wh. passed down across the 2<sup>d</sup> T. gyr.

It joins the sulci in under surf of  $\mathcal{F}$  lobe (S part)  
it also unites with inf. occip.

2<sup>d</sup> T. is much split & divided.

occip. Sulci inf. distinct - sup. joins under par.

Callos. Gray-Sul. normal. The  $\mathcal{M}$  &  $\mathcal{F}$  gy on to med.  
surface is split long of a well marked fissure.

Par. occip. & Calcar. normal. latter enters the Sca. hippoc.

Collat.  $\mathcal{F}$ s. large, joins inf. occipital<sup>s</sup>

Orbit gyri normal.

Inscula has 7 gyri

Rt. hem.

7<sup>th</sup> S. has a small as. ramus behind. retro cent.  
gyrus.

7<sup>th</sup> R. bifurcated

11<sup>th</sup>  $\mathcal{F}$ . S. extends entire length of  $\mathcal{F}$ . lobe.

9<sup>th</sup>  $\mathcal{F}$ . S. has a distinct. vert. gyr. branch.

- 1st Fr gyr. is split for 6 cm in its middle, forming 2 narrow  
gyr.
- As for gyr. is large
- Int. par. fis. radial & sag. branches join. 21 cm, c.  
Fis. cruciata. c c to sub. par sup. occip.
- As par gyr. is narrow & much. pinnated (small gyri).
- 1st T. fis. from o deep. extends far back into par. lobe  
& has 4-6 terminal sulci, the first passes  
back toward oc. lobe.
- Sup. occ. joins Int. par.
- Inf. oc. has a vertical branch. = Wernicke's ps.
- Call. may fis. normal.
- Par. occ. & Calcar. normal. Thy. sulci, Serr. hippoc.
- Coll. fis. well marked.
- Insula has 7 gyri.





