Second Edition

# PNEUMO-ENCEPHALOGRAPHY

E. GRAEME ROBERTSON M.D. (Melb.) F.R.C.P. F.R.A.C.P., F.C.R.A. (Hon.)

## PNEUMO-ENCEPHALOGRAPHY

By

E. GRAEME ROBERTSON
M.D. (Melb.), F.R.C.P., F.R.A.C.P., F.C.R.A. (Hon.)
Consultant Neurologist, Royal Melbourne Hospital
Consultant Neurologist, Royal Children's Hospital
Honorary Neurologist
Royal Women's Hospital, Melbourne, Australia
Consultant Neurologist
Victorian Eye and Ear Hospital
Consultant Neurologist to the Ministry of Health
Tasmania



## Published and Distributed Throughout the World by

### CHARLES C THOMAS • PUBLISHER

Bannerstone House 301-327 East Lawrence Avenue, Springfield, Illinois, U.S.A.

NATCHEZ PLANTATION HOUSE 735 North Atlantic Boulevard, Fort Lauderdale, Florida, U.S.A.

This book is protected by copyright. No part of it may be reproduced in any manner without written permission from the publisher.

© 1957 and 1967, by CHARLES C THOMAS • PUBLISHER Library of Congress Catalog Card Number: 65-27588

> First Edition, 1957 Second Edition, 1967

With THOMAS BOOKS careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use. THOMAS BOOKS will be true to those laws of quality that assure a good name and good will.

# PNEUMOENCEPHALOGRAPHY

Believing that he would appreciate a tribute of labour and affection from one of his pupils, the first edition, in 1949, was dedicated to

## Gordon Holmes

The present work is dedicated as a memorial to this great neurologist and man who died on December 29, 1965, just before his ninetieth birthday.

## Foreword to the First Edition

If it is the province of a foreword to reveal how a book comes to be written, then the circumstances underlying this one may be recounted briefly.

Part of two years of postgraduate training at the Melbourne Hospital as as house-physician and registrar was spent with Sir Sidney Sewell, a physician astute in all branches of medicine, but with a special interest in neurology. In England, after nine months at the Bethlem Royal Hospital, under the guidance of Dr. Murdo Mackenzie, three years were spent at the National Hospital for Nervous Diseases, Queen Square, as house-physician and Resident Medical Officer. Here, in that greatest of all schools of clinical neurology, the writer had the inestimable benefit of being house-officer to Drs. James Collier, S. A. Kinnier Wilson, and W. J. Adie, who have left behind a memorial of themselves in all their pupils. Gordon Holmes (now Sir Gordon) was paternal, as well as the most inspiring and strictest of mentors. The junior physicians, F. M. R. Walshe (now Sir Francis), C. P. Symonds (now Sir Charles), J. Purdon Martin and Macdonald Critchley now occupy with distinction the places vacated by their seniors, while Dr. A. E. Carmichael later transferred his attention to research. Nor can mention be omitted of Dr. J. G. Greenfield, Pathologist to the Hospital and also of world-wide fame, in whose laboratory the writer worked for a time after leaving the house, and of Dr. D. E. Denny-Brown, then Registrar, who introduced him to the field of scientific investigation.

Then followed a period as Assistant Neurologist to Dr. Hinds Howell at St. Bartholomew's Hospital and First Assistant (Neurological) to Dr. Francis Fraser (now Sir Francis) at the London Post-Graduate Teaching School, Hammersmith. In 1934, appointment as Honorary Physician to Outpatients, Melbourne Hospital, determined the writer's return to Melbourne. It was only with the transfer of the hospital to its present magnificent building that the post of Honorary Neurologist was established. In 1944, appointment as Honorary Neurologist to the Children's Hospital, Melbourne, followed. The function of the specialist at that time was to provide consultation for the general physicians and surgeons of the honorary medical staff. To a large extent, the specialist was forced to shift for himself, if, without assistance, he was to develop a satisfactory service. From this circumstance work on pneumoencephalography began in 1935. Herein is presented the result—an experience of pneumoencephalography, obtained by the use of a method which seemed to many to be unduly elaborate at

the time of its inception, in the study of problems presenting in neurological work among adults and children in public hospitals and private practice. Histories have been condensed or eliminated. No systematic description of all intracranial lesions has been provided, but rather of those appearances which are likely to be revealed by pneumoencephalography. No lesion which has not been personally investigated has been included. The experience is presented without detailed reference to the literature. The writers to whom the author is indebted have, he hopes, been mentioned. He apologizes to the many unmentioned who have worked hard and profitably in this field.

Such a work would be impossible without the facilities provided by the Committees of Management of large public hospitals. Colleagues in Melbourne, especially those on the Honorary Medical Staffs of the Royal Melbourne Hospital and the Royal Children's Hospital, and many general practitioners, have contributed materially, for nearly every patient has been referred by them for neurological consultation. The Clinical Research Unit at the Royal Melbourne Hospital has provided patients suffering from general medical disorders of considerable interest. The writer has been fortunate in being associated at both hospitals with Mr. R. S. Hooper, F.R.C.S., who has helped in formulating his ideas regarding the use of encephalography in surgical cases, and who, by operating with the greatest skill and judgment, has provided much information. Dr. Barbara Wood, Radiologist to the Royal Melbourne Hospital, has co-operated in every possible way.

It has been a pleasure to work with the radiographers at the Royal Melbourne Hospital, the Royal Children's Hospital and the Heidelberg Military Hospital. Of these, Mr. J. Callow, chief radiographer at the Royal Melbourne Hospital, Mr. B. Thake, Miss Mary Watson, Mr. J. A. Lloyd and Mr. J. Ely must be singled out for mention because of the high quality of their work. The photographs in the previous monographs were taken by Miss Helen Wischusen. Mr. C. Murphy, Clinical Photographer at the Royal Children's Hospital, photographed several of the specimens. Most of the added illustrations, including the skiagrams, were photographed by Mr. R. Inglis, Clinical Photographer at the Royal Melbourne Hospital. As with the radiographers mentioned above, to refer to his superb craftsmanship, and the devotion to an ideal expressed in time-consuming work, seems less than his due. Many of the drawings from the previous monographs, and all the new drawings (with one exception) were by the writer.

I should record thanks for the involuntary help of so many patients—for without them this work would never have been done! Some have benefited from the investigation; it is unfortunate that more have not, but in this pneumoencephalography does not differ from most other investigations.

Thanks must also be recorded to the Walter and Eliza Hall Institute of Research at the Royal Melbourne Hospital for publishing Encephalography. I thank Messrs. Patterson, Shugg & Company, Process Engravers, for the earlier blocks made for Encephalography and Further Studies in Encephalography which have been incorporated in this work. (In that instance, the x-ray films were projected directly on to the plates.) The early stimulus to write these was provided by Dr. C. Wallace Ross. His service did not cease with the stimulus alone, for having an interest in the craft of printing and a great practical knowledge, he gave the earlier books their form and taught the writer some of this art along the way. I gratefully acknowledge my debt to the Trustees of the Walter and Eliza Hall Institute for allowing the use of material from *Encephalography*, and to the publishers and editors of journals for permission to bring into one volume material previously published, namely, A Method of Encephalography, from Surgery, Vol. XIX (1946); The Röentgenographic Appearance of the Falx Cerebri, The American Journal of Röentgenology and Radium Therapy, Vol. LVI (1946); Some Physical Aspects of Encephalography, Brain, Vol. LXX (1947); Developmental Defects of the Cisterna Magna and Dura Mater, Journal of Neurology, Neurosurgery and Psychiatry, Vol. XII (1949); Pulsating Exophthalmos due to Defective Development of the Sphenoid Bone, The American Journal of Röentgenology and Radium Therapy, Vol. LXII (1949); Craniopagus Parietalis, A.M.A. Archives of Neurology and Psychiatry, Vol. LXX (1953).

It has been most pleasant to receive the fullest co-operation from the publisher of this volume, Mr. Charles C Thomas who, from a distance, has written the longest, most helpful and most friendly of letters, smoothing out the difficulties inherent in publishing a book in another country. His suggestions, I believe, have made the book less expensive and more valuable.

Finally, it is difficult to sufficiently thank Miss Margaret Turnbull, secretary to the Department of Neurology and Neurosurgery at the Royal Melbourne Hospital, who has shouldered many burdens and so made more time for relevant work. In addition she has typed and retyped the manuscript with enthusiasm, patience and accuracy.

E. G. R.

## Foreword to the Second Edition

THE first edition has been out of print for some years and the many requests received have prompted the preparation of a second edition. It follows the general plan of the first.

The method, evolved in 1935, was first described in *Encephalography* in 1941. The present edition remains a record of my personal experience of pneumoencephalography over a number of years in the practice of neurology. This explains its manifest faults and whatever virtues it may possess. It is difficult for one person, earning his living in consultant practice, to keep continuous records. I have failed during over-busy periods, and when it was thought that the task was complete after writing the previous monographs and the first edition of *Pneumoencephalography*. This failing makes full statistical analysis impractical. I confess to mathematical incapacity and suspect that without a computing machine, any statistics I compiled would have little value. Special projects have been studied by series of encephalograms done for that specific purpose.

The aim of this work has been to present a reasonably full account of personal work on the theory and practice of pneumoencephalography, which may help the beginner, serve as a work of reference in the x-ray department and even interest the erudite in the field as a record of some of the fascinating encephalograms which have accumulated in one practice. Anatomical details have been added, but, it is hoped, kept within the bounds necessary for practical interpretation. Readers with good anatomical knowledge are advised to pass over these sections. An attempt has been made to lead through encephalographic theory, anatomy and clinical records to the task of interpreting films and integrating such static pictures into the life-history of the patient's disorder. To this end only basic tracings have been made, lest more stultify personal interpretation before verbal explanations provided in the legends are consulted. Case numbers have been added only where cross-reference between text and illustration is necessary. The arrangement of the material has been determined by ease of reading; but a desire to make some chapters complete in themselves has led to some splitting of material. It is hoped that the index will help to provide nosological unity. References have been confined to papers which I have found illuminating, for a full study is beyond the bounds of this book. I apologize to many authors of excellent papers unmentioned. The drawings are the work of the writer.

Most of the encephalograms have been done by the writer, but in this edition, some which have been done by my colleague Dr. Peter Ebeling (now Honorary Neurologist, Royal Melbourne Hospital) have been included. Ventriculograms and angiograms have been done by Mr. R. S. Hooper, Neurosurgeon to the Royal Melbourne and Royal Children's Hospitals, Melbourne; Neurosurgeons Mr. J. Bryant Curtis and Mr. Robin Lowe; Professor W. S. Hare (Director of Radiology at the Royal Melbourne Hospital and now Professor of Radiology, Melbourne University), Dr. Harry Hiller (Director of Radiology at the Royal Children's Hospital), and Dr. P. McDonald (Assistant Director).

I have been most fortunate throughout in being so closely associated with Mr. R. S. Hooper, M.S., F.R.C.S., F.R.A.C.S. The excellence of his work is evident in many of the operative procedures mentioned (necessarily briefly) in this book.

It is difficult to sufficiently express my thanks for all the help I have been given so freely. The additional reproductions of radiograms (the number of plates has been more than doubled in this edition) have been made with ideal craftsmanship by the Department of Audio and Visual Aids of the Melbourne University, the Department of Medical Illustration at the Royal Melbourne Hospital, and the Department of Photography and Visual Aids at the Royal Children's Hospital. Mr. R. Inglis, Director of the former department, and Mrs. E. Murphy and Mr. A. V. Daniel of the latter department have been responsible for some excellent photographic work.

Again, I must express my deep gratitude to colleagues on the Honorary Medical Staffs of the Royal Melbourne Hospital and the Royal Children's Hospital, Melbourne, and to general practitioners for entrusting me with the care of their patients, to the committees of management of these magnificent public hospitals and to the late Dr. J. W. Perry, Medical Director of the Royal Children's Hospital, for providing facilities and all possible help, and to the tireless cooperation of the Directors of Radiology (Professor W. S. C. Hare and Dr. H. G. Hiller) of these hospitals. The radiographers at the hospitals have given excellent service, which is a credit both to their personal qualities and to their training. Their names are far too numerous to mention, but amongst them all I must choose to thank Mr. J. Callow, Mr. W. Haning, Mr. J. A. Lloyd and Mr. J. Ely for their long-continued association and helpful collaboration.

As before, it is my pleasant duty to thank Miss Margaret Turnbull, Secretary to the Department of Neurology and Neurosurgery at the Royal Melbourne Hospital for her efficiency, excellent memory, organization and ever-ready help.

Miss A. Plane, Secretary of the Department of Radiology at the Royal Children's Hospital found films during a difficult period of changing filing

systems. Miss Ann McGalliard, Librarian to the Royal Melbourne Hospital also pleasantly gave invaluable help.

The manuscript has been enthusiastically typed by Miss Joan Robertson and Miss Herma Schrader.

E. G. R.

## Contents

	Page
Foreword to the First Edition	vii
Foreword to the Second Edition	Xi
Chapter	
I. Introduction	3
II. Distribution of Gas	9
Anatomical Factors	9
Radiographic Observations	10
Distribution of Gas When Head Is Flexed	10
Effect of Alteration of Posture: Distribution When Head Is	
Erect and Dorsiflexed	11
Physical Correlation	13
Determination of Critical Postural Angles	17
III. A Consideration of the Mechanism of Ventricular Filling	27
Ventricular Filling in Flexion	28
Ventricular Filling with Head Erect	32
Efficiency	33
Mechanism	33
Rate of Flow of Gas	33
Summary	35
IV. Experiments In Vitro	36
Apparatus	36
Observations	38
Effect of Varying Conditions	39
Imitation of Postures	40
Elastic Imitation of the Venous System	41
Variations in Pressure	42
Modifications of Diaphragm	42
Summary	42
Consideration of Alternative Explanations	42
Pressure in the Ventricular Chamber	43
Physical Statement	45
V. Tubular Ventricular Models	47
Apparatus	47
Injection into Rigid and Elastic Ventricles	47
A Closer Approach to the Anatomical	49
Cerebral Hemispheres Represented by Elastic Membranes .	49
Provision of Foramina of Luschka	51

Chapter	ıge
Intraventricular Pressure	53
Transfer of Gas After Filling	53
Equalizing Gas in the Lateral Ventricles	53
Filling Each Lateral Ventricle	55
VI. Applications of Principles to Practice	56
Posture in Relation to Filling	56
Full Flexion Followed by Slow Extension	56
Initial Flexion of About Forty-five Degrees	57
Flexion of Twenty-five to Thirty Degrees	57
Flexion of Twenty to Ten Degrees, with the Neck Craned	
Forwards	58
Head Erect	58
Conclusions	58
VII. Technique: Preliminary Considerations	59
Local or General Anaesthesia	59
Local Anaesthesia	59
Neuroleptanalgesia	59
General Anaesthesia for Children	60
Risks	61
Choice of Gas	62
Historical Survey	62
	62
Procedure Adopted	63
Reaction	63
Apparatus	65
Chairs	65
Fixation of the Head	71
Röntgen-ray Apparatus	71
Needles and Manometer	72
Recording the Data	74
VIII. Basic Encephalographic Technique and Normal Shadows	77
Standard Procedure	77
Posteroanterior Films During Filling	97
Lateral Films During Filling	97
Subarachnoid Filling	98
Radiography in Recumbency: The Anteroposterior Film with	
the Brow Uppermost	98
	98
Anteroposterior Films to Show the Tips of the Temporal	
	96
Lateral View with Brow Up	96
Posteroanterior View with Patient Prone	.00

Contents	xvii

Chapi					Page
	Baso-vertical View				100
	Lateral Films with Each Side of Head Uppermost				100
	Views of Uppermost Temporal Horn with Head i				101
	Position				101
	Tomography and Autotomography				101
	Cisternal Injection			٠	106
	IX. Failure of Ventricular Filling: Implications and Rectifications			٠	107
	Obstructive Causes				107
	Non-obstructive Causes				107
	The Cisterna Magna Extends to a High Level				108
	Wide Cisterna Magna		٠		108
	Flow of Gas Anterior to the Cervical Spinal Cord .				113
	A Small Vallecula or Foramen of Magendie				114
	Failure of Peripheral Delimitation of the Cisterna				115
	Subdural Filling		٠	٠	116
	Extradural Insufflation		٠		123
	Summary				124
	Failure of Filling of One Lateral Ventricle				125
	X. The Fourth Ventricle, Aqueduct and Neighbouring				
	Anatomy and Encephalographic Technique				127
	The Fourth Ventricle				127
	Radiographic Appearances				127
	Medullary Cistern				131
	Pontine Cistern	,			131
	The Lateral Recesses of the Pontine Cistern—Cerebe	llop	onti	ne	
					136
	The Midbrain				136
	The Aqueduct of Sylvius				136
	Radiological Anatomy				137
	The Ambient Cistern				140
	The Wings of the Ambient Cistern				140
	Crural Cisterns				140
	Cisterna Venae Magnae Cerebri				144
	Superior Cerebellar Cistern				145
	Complete Demonstration of Gas-filled Spaces				145
	Method				145
	Measurements				153
	XI. The Posterior Fossa: Encephalographic Abnormalities .				155
	The Diagnosis of Cerebellar Atrophy				155
	Neoplasms				161
	Neoplasms in the Brain Stem				162

Pneumoenceph	alogra	phy
--------------	--------	-----

VX7	Ŧ.	1	1
$\Delta V$	Д,	L.	I.

Chapter					Page
Cerebellar Neoplasms					182
Tumour in the Fourth Ventricle					183
Extramedullary Growths					183
XII. Lesions Involving the Aqueduct of Sylvius					205
Neoplasms					205
Stenosis					208
Toxoplasmic Encephalomyelitis					209
Inflammatory Blockage					211
Injury to the Midbrain					211
XIII. The Third Ventricle and the Cisterns Related to Its An	nteri	or	Par	t:	
Encephalographic Technique and Anatomy .					216
Technique					216
Radiological Anatomy					218
Interpeduncular Cistern					218
Chiasmatic Cistern					223
Cisterna Laminae Terminalis					225
Normal Dimensions and Position					226
XIV. The Third Ventricle: Pathological Appearances					229
Displacements Produced by Space-occupying Lesion	ns				229
Displacements in Axial Skiagrams					229
Displacements in Lateral Skiagrams					232
Frontal Lesions					232
Parietal Lesions					232
Occipital Lesions					233
Temporal Lesions					234
Meningiomas in the Region of the Pterion					234
Paraventricular Neoplasms					236
Intracerebral Blood Clots					236
Tumours Closely Related to the Ventricle					236
Dilatation					239
Neoplasms in the Posterior Fossa					239
Hydrocephalus					240
Stenosis of the Aqueduct					240
Obstruction to Outflow from Fourth Ventricle					242
Communicating Hydrocephalus					242
Atrophy					244
XV. The Suprasellar Region					245
Pituitary Tumours and Suprasellar Growths					245
Chromophobe Adenomas					245
Acidophil Adenomas					263
Chiasmatic Displacement			,	,	268

Contents	xix

Chapter							1,						Page
Craniopharyngiomas					٠.								269
Meningiomas													287
Suprasellar Dermoids													298
Gliomas of the Optic	Nerv	es a	and	C	hias	m							300
Malignancy													312
Arachnoiditis													312
Cysts Communicating w	ith th	ne S	Suba	ara	chn	oid	Sp	ace					314
Aneurysms in the Supra	sellar	Re	egio	n									316
XVI. The Lateral Ventricles .													319
Anterior Horn and Body													319
Ventricular Dimensions													321
Width of Anterior Ho.	rn, B	ody	an	d	Sep	tun	ı P	ellu	cid	um			321
The Trigone													323
Occipital Horns													326
Temporal Horns													326
Anatomical Considera													329
Radiological Techniqu													334
Choroid Plexuses													336
Relation to Lobes and D	ural 1	Par	titio	ns									336
XVII. The Lateral Ventricles: De	form	atio	on b	у	Nec	pla	sm						337
Factors in Deformation													337
The Influence of the Fal	X .												338
Radiographic Localization													342
Axial Films													343
Lateral Films													344
Frontal Neoplasms .													344
Parietal Neoplasms .													349
Occipital Neoplasms													359
Temporal Neoplasms													366
Metastatic Growths .													366
Encephalography After													377
Diagnosis of Type of T	umou	ır	Inve	olv	ing	the	e (	Cere	bra	1 E	Ien	ni-	
spheres													377
XVIII. Herniations													388
Foraminal Herniation .													388
Incisural Herniation .													393
Ventricular Herniation													393
XIX. Comparative Assessment o	f Pno	eun	noei	ace	epha	log	grap	ohy	in	the	e I	n-	
vestigation of Neoplasi					_								
cranial Pressure													398
Evaluation of a Series of	200	Nec	opla	sn	ns								401

Chapter					Page
Technique for Neoplasms					401
Comparative Assessment					402
Tumours of the Cerebral Hemispheres					403
Glioblastomas					403
Astrocytomas and Oligodendrogliomas					406
Meningiomas					407
Metastatic Growths					410
Central Tumours					410
Site of Tumour and Choice of Investigation .					415
Pituitary Tumours and Craniopharyngiomas					416
Posterior Fossa Tumours					416
Tumours Beginning Within, or Protruding into,	the	F	our	th	
Ventricle					416
Tumours of the Brain Stem					418
Tumours of the Cerebellum					420
Tumours Abutting upon the Surface of the Hindle	oraiı	1			431
Recurrent Tumours					435
Risks and Countermeasures					435
Additional Considerations					436
Angiography					436
Iophendylate Cisternography					441
Pseudo-tumour Cerebri					446
Conclusions					446
Note on the Use of Iophendylate					447
XX. Difficulties in Pneumographic Diagnosis					448
Position of the Ventricles Relative to the Median	Plar	ne			448
Falx Cerebri					449
Displacement of the Falx					449
Relationship of Falx and Septum Pellucidum .					449
Bowing of the Septum Pellucidum					451
Neoplasm Without Distortion					452
Asymmetry of the Ventricles					453
Failure to Fill One Lateral Ventricle					454
XXI. The Subarachnoid Space over the Cerebral Hemisphe	eres				455
Technique					455
Filling of Selected Spaces					455
Radiography in Recumbency					456
The Sulci in Encephalograms					457
Diagnostic Significance of Asymmetrical Filling .					464
Diagnostic Difficulties					466
Uses of Subarachnoid Filling					467