the left temporal convolutions, with hemorrhagic foci and an oily lemon-yellow exudation. Microscopical examination showed the presence of a hemorrhagic gliosarcoma of this region. [Leonard J. Kidd.]

Simons, A. GLIOMA IN THE LEFT POSTERIOR HALF OF THE BRAIN. [Ztschr. f. d. ges. Neurol. u. Psychiat., Vol. XXXIX, p. 229.]

The author describes the case of a man, thirty-nine years of age, where the main symptoms were an almost complete bilateral right sided hemianopsia, slight headache and progressive stupor. From the neurological findings a rapidly growing tumor in the deep medullary layer of the posterior half of the left hemisphere was assumed. The constantly increasing deterioration of sight in the preserved field of vision was ascribed to the direct pressure of the tumor on the right occipital lobe or to hydrocephalus. The autopsy revealed, however, that this explanation for the failing of sight was erroneous. A glioma was discovered, which, pressing aside the septum pellucidum from above to the right, grew into the tractus opticus, and at the level of the chiasm, nearly under the third ventricle, broke over from the left into the right side. The chiasm and optic nerve were remarkably broad, thick, and gray. So far as the author knows, this is the first case to be reported of a glioma growing out of the posterior part of a hemisphere into the two optic nerves up to the eyeball. [J.]

Herman, Euphemius. RARE SYMPTOMS OBSERVED IN A CASE OF BRAIN TUMOR. [Zeitschr. f. d. ges. Neurol. u. Psychiat., Vol. XXXVI, p. 293.]

The author describes symptoms observed in a case of tumor at the base of the brain which have hitherto been seldom described and the causes of which are obscure. One of these was hematemesis. The vomiting of blood in brain tumor is a rare symptom but there is no doubt that it has sometimes occurred. Chemical examination in the author's case showed that it was really blood that had been expelled from the stomach and the patient was given a diet from which meat was excluded so that there was no possibility that the blood was due to food taken into the stomach. A review of similar cases in connection with his own leads the author to the conclusion that all hemorrhages of the stomach which result from disease of the central or peripheral nervous system (if there are any of this latter origin) are to be considered of entirely nervous origin. It may be supposed that the small vessels supplying the stomach with blood become overcharged and eventually burst under the strain of vomiting and as a result of the accompanying folding of the mucous lining of the stomach. Another rare symptom was albuminaria. It seems possible that this symptom may have been due to a constitutional tendency, which, while it existed before the tumor, only became apparent in the course of the serious disease. The author regards Brownlow's theory which finds the source of albuminaria in the central nervous system and not in the kidneys themselves as unsupported