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

by clinical or pathological proof. The absence of blood pressure is another feature of this case which may be considered noteworthy, as many authors find a close connection between the brain tumor, on the one hand, and the heightened pressure of the cerebrospinal fluid and high blood pressure, on the other. Finally the author calls attention to the circumscribed tremors. Epileptiform convulsions of Jacksonian type affected only certain muscles and the convulsions could be produced by bending certain joints or caused to cease by replacing the members in normal position. For these phenomena the author proposes the name of circumscribed muscle tremors, and believes that the symptom may be of use in the diagnosis of tumors. [J.]

Daland, J. CHORDOMA. [Boston Med. and Surg. Journ., 1919, CLXXX, May 22, p. 571 (3 figs.).]

The growths called chordomata, described by Virchow by the name *ecchondrosis physalifora*, were shown by Müller and by Ribbert to be formed of the proliferated remains of notochordal tissue. The only normal remnants of the embryonic notochord found in man are the nuclei pulposi in the centers of the intervertebral discs. Notochordal remnants of very small size are often found at necropsies, chiefly at the base of the skull and on the coccyx. They often give no symptoms during life. They are commonest in the sphenoid bone, on the dorsum sellæ, and the pituitary fossa; they are less common on the sacrum. Some of the recently recorded cases of chordoma have been malignant. In Albert's case (1915) trauma seems to have played a direct part in producing the tumor. The cases which occur in the base of the skull often give cranial nerve palsies, from olfactory to hypoglossal; in the sacro-coccygeal cases pressure on the rectum commonly occurs. Jelliffe and Larkins case, not mentioned by Daland, was a malignant one (JOUR. N. & M. DIS., Vol. XXXIX, 1912, p. 1).

Daland's case is the seventeenth recorded case of chordoma. His patient, a woman of thirty, is still living. Three years ago sudden hoarseness, lasting three days. She was then well for a year. Then a severe headache with hoarseness; both symptoms became rapidly worse. Eight months later, during manipulation by an osteopath, she felt something snap in her neck; for twenty-four hours could not turn her head. Two days later a swelling appeared in her right postcervical region. Tinnitus in right ear soon came on; this persisted. She came to Daland for hoarseness and the swelling in her neck. Examination showed affection of the first, second, eighth, eleventh, and twelfth cranial nerves of the right side, with complete paralysis of right vocal cord and papilloedema of left eye. The tumor was curetted at the base of the skull. Headache disappeared; hoarseness persists. She was discharged relieved. Seven months after operation she wrote to say she had no headaches, but that there is a recurrence of the mass in her neck, with some pain. In other respects she is as she was on leaving hospital. [Leonard J. Kidd.]