its center and apparent origin, however, lay in the region of the left amygdala, and from this point the growth infiltrated the remainder of the corpus striatum, the overlying island of Reil, the adjacent surface of the temporal lobe, the internal capsule, the thalamus, and apparently the centrum ovale. Macroscopically, the growth was a glioma, chiefly of the small-celled type.

Dr. Abrahamson, in discussing the case reported by Dr. Karpas, said that the tumor, growing, as it did, from within the brain instead of from the cortex, should have given some indication of its location from the characteristics of the convulsions.

Dr. Karpas, in reply to Dr. Abrahamson, said the physicians who had charge of the case did not have any opportunity to study the character of the convulsions. The only convulsion observed in the hospital occurred shortly before the patient's death, and that was general in character.

A CASE OF GLIOMA OF THE BRAIN

By Dr. I. Strauss

The case was one of glioma probably originating in the wall of the ventricle and infiltrating the meninges. This condition was first described by Klebs, and up to a few years ago was not thought to exist.¹ The symptoms in the case were largely those pointing to an internal hydrocephalus. There was marked exophthalmus, blindness and slight weakness of the left facial. As a rule, in these cases, the cranial nerves were not involved.

Dr. Sachs said the German writers, even those of recent date, referred to certain sarcomatous tumors, particularly those springing from the spinal meninges, as non-malignant. This was not in accordance with the view taken of them here.

Dr. Strauss, in reply to Dr. Sachs, said the tumor in this case was regarded as a glioma starting from the embryonic cells, and which, by its rapid growth, had taken on the evidences of malignancy.

STREPTOCOCCEMIA, WITH SEPTIC ENDOCARDITIS AND INFARCTS

By Dr. Strauss

The case was one of streptococemia, with septic endocarditis and infarcts. The patient developed a flaccid paralysis of all extremities, and died in a state of coma two hours after the onset of the hemorrhage. The autopsy showed a very extensive hemorrhage of the brain, involving the surface of the island of Reil on one side, extending out through the Sylvian fissure to the under surface of the brain and then breaking through into the third and lateral ventricles. The hemorrhage was entirely sub-pial.

¹ Schlesinger in his monograph on tumors does not mention such a case. Since then there have been about nine cases reported.