involvement of the eighth cervical and first thoracic segments; and the bilateral inversion of the triceps-jerk showed that the seventh cervical segment was compressed by the tumor. The spinal fluid showed a hyperalbuminosis but no lymphocytosis. As the diagnosis of a meningeal tumor was reached only gradually, operation was not at first considered, and by the time the diagnosis was made the patient's condition would not permit intervention. In addition, the site of the tumor in the ventral region of the cord rendered its extirpation difficult. [Leonard J. Kidd.]

Pallasse. TUMOR GIVING ONLY VAGUE PSYCHICAL SYMPTOMS AND BLINDNESS. [Lyon Médical, December, 1919, p. 621.]

The author has reported to the Medico-Chirurgical Society of the Lyons Hospitals the case of a woman, aged fifty-seven, whose earliest symptoms were pains in the lower limbs attributable to a phlebitis. On her entry into hospital she was completely blind, with double optic atrophy, and psychical symptoms of demential type which made it very difficult to question and examine her satisfactorily. There were no signs of tabes, and her gait was normal. The urine and the cerebrospinal fluid were normal, and there was no Wassermann reaction in the spinal fluid. She fell gradually into a state of mental torpor with immobility; no convulsive attacks. She died six months after admission. Necropsy revealed an enormous tumor, weighing 150 grammes, localized on the inferior aspect of the frontal lobes, adherent to the base of the skull; but it was easily detached. Histological examination showed it to be a sarcoma of the meninges. [Leonard J. Kidd.]

Cruchet and Anglade. GLIOSARCOMA OF LEFT TEMPORAL LOBE CAUSING RIGHT HEMIPLEGIA, DYSARTHRIA, AND PARAPHASIA. [Gaz. Hebdomadaire de Médecine et de Chirurgie, Bordeaux, 1919, XL, July 20, p. 176.]

The writers reported to the Bordeaux Medical and Surgical Society on June 6, 1919, a case of a gliosarcoma of the left temporal lobe of a woman aged fifty. She had a stroke followed by right hemiplegia and speech disturbances seven weeks before admission to hospital. She had exaggerated tendon-jerks, and Babinski's sign on the right side; slowness and difficulty in pronunciation of words, and answered questions distinctly at first, though with effort, trailing her syllables, but quickly showed fatigue. The syllables overlapped, being sometimes interrupted by words badly articulated or unintelligible. She coined meaningless words (jargonaphasia), and there was paraphasia. She appeared to be word-deaf. Word-blindness could not be tested as she could neither read nor write. Memory feeble. Bad fixation of attention. Only slight hypertension of the spinal fluid, and no evidence of a meningeal reaction. Wassermann negative in blood. Diagnosis leaned toward hemorrhage or thrombosis in the left first temporal convolution with involvement of the internal capsule. There were no signs definitely suggesting intracranial tumor. Death in coma three days later. Necropsy: notable flattening of