

ical agent, the fibrillogynous zone of the cell being at each angle (this is figured).

The course of the fibers in glioma tissue is quite different: first, the protoplasm of single cells, or the protoplasmic syncytium that contains many nuclei, takes on a fibrillar structure, which is uniformly distributed over the protoplasm, as in a pons glioma figured here. At a further stage one sees parallel-running fibers take the place of the protoplasm, as in a cortical glioma figured. For the most part there are no sharp cell boundaries and gradually this stage passes into the following one in which the cells have set themselves free from the fibrous protoplasm and the fibers form a network of smaller or larger meshes. The relations also of the reactive glia cell and of the glioma cell to the blood vessels are different; the former seeks a connection with the neighboring vessel, whereas the latter is not influenced by blood vessels in the development of the plasma and the fibers. At one time the fibers run parallel to the blood vessel, then, running always in bundles, they make an angle with the course of the vessel; in short, the glioma cell lacks all the individuality which the reactive glia cell has in relation to its surroundings. Among the gliomas examined by the writer was one of the thalamus, in which necrotic areas alternated with gliomatous tissue; as to whether the old inflammatory foci were primary and had led to a reaction of the surrounding glia, or whether these necrotic areas existed in the primary gliomatous tissue, he favors the latter opinion on account of his histological investigations just described. He thinks that the histological distinctions described by himself may be of diagnostic value in further cases. [Leonard J. Kidd, London, England.]

Neel, A. V. BRAIN TUMORS. [Ugesk. for Laeger., July 8, 1920.]

The author's five cases of brain tumors are used to maintain the general argument that a previously healthy person does not suddenly develop neurotic syndromes without some real etiological factors, somatic or psychogenic. One of the patients was long treated for nervousness until the blood picture indicated serious changes and a mammary cancer metastasis was uncovered. In two of the patients motor twitchings and spasms had preceded other symptoms of brain tumor by nearly six years. Striking remissions in the clinical course of a brain tumor are liable, he says, and points out that psychogenic factors must always be reckoned with, x ray treatment even showing typical suggestion reactions.

Frazier, C. F. EFFECTS OF RADIUM EMANATIONS ON BRAIN TUMORS. [Surg. Gyn. and Obstet., September, 1920.]

In three only of twenty-four patients with brain tumor subjected to radium emanations there seemed to be indisputable evidence that by radium emanations the growth of the tumor has been arrested and in all probability the tumor destroyed. See Report New York Neurological Society, December, 1920, this JOURNAL.