Microscopical examination.—Sections of three portions of the tumour and of the pineal area all show similar appearances, viz., a malignant gliomatous tumour, difficult to classify, but conforming most closely with Cushing and Bailey's descriptions of "medulloblastomata." There are large numbers of proliferated capillaries and strands of recticulum running between them. The tumour-cells sometimes show slight "grouping," but this is not very pronounced, and they appear to be developing into "spongioblasts," and the general structure tends to be that described by Cushing and Bailey as "spongioblastoma indifferentiale"—neuroblasts not being in evidence. The cells in most parts have very little cytoplasm, though at parts with a tendency to develop a spindle shape, with or without fibrils.

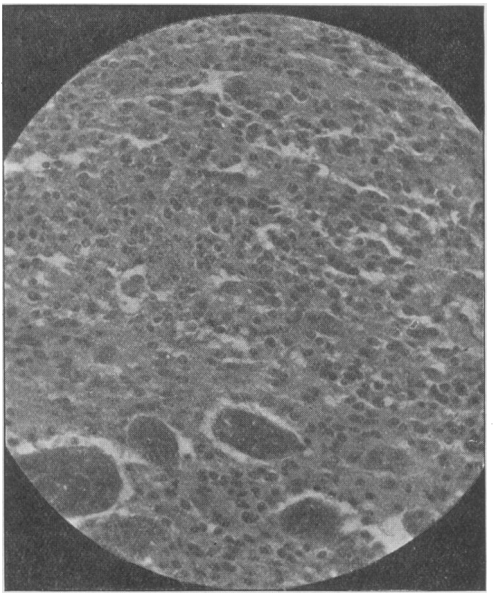


FIG. 4.—Pineal area (high power).

The infiltration of the pineal region suggested that the tumour might have originated there, but it has not the typical structure of a "pinealoma," and the infiltration may merely be secondary. The medullablastoma and the pineoblastoma are often difficult to differentiate from one another; the latter is a very cellular and rapidly growing type of tumour, originating from the pineal anlage, in which spongioblasts are found, but no neuroblasts, as described by Horrax and Bailey. At the growing edge of the tumour there were, at some parts, areas of smaller cells, which at first sight suggested the smaller cells of a pinealoma, but the conclusion was come to that these were of the nature of a "small-celled infiltration" such as not infrequently occurs in connection with malignant tumours.

Cerebello-Pontine Angle Tumour.—C. WORSTER-DROUGHT, M.D., C. P. G. WAKELEY, F.R.C.S., and W. E. CARNEGIE DICKSON, M.D.

G. R., male, aged 46 years, admitted to hospital on March 1, 1930. For the past year he had been subject to giddiness, occasionally accompanied by vomiting. Vision was deteriorating. On examination papillœdema was found—(4-5 dioptres in the right and 2-3 dioptres in the left eye). The sensory and motor systems and all reflexes were normal. There was nystagmus to the right, but no evidence of nerve deafness, facial weakness, or anæsthesia and no inco-ordination.

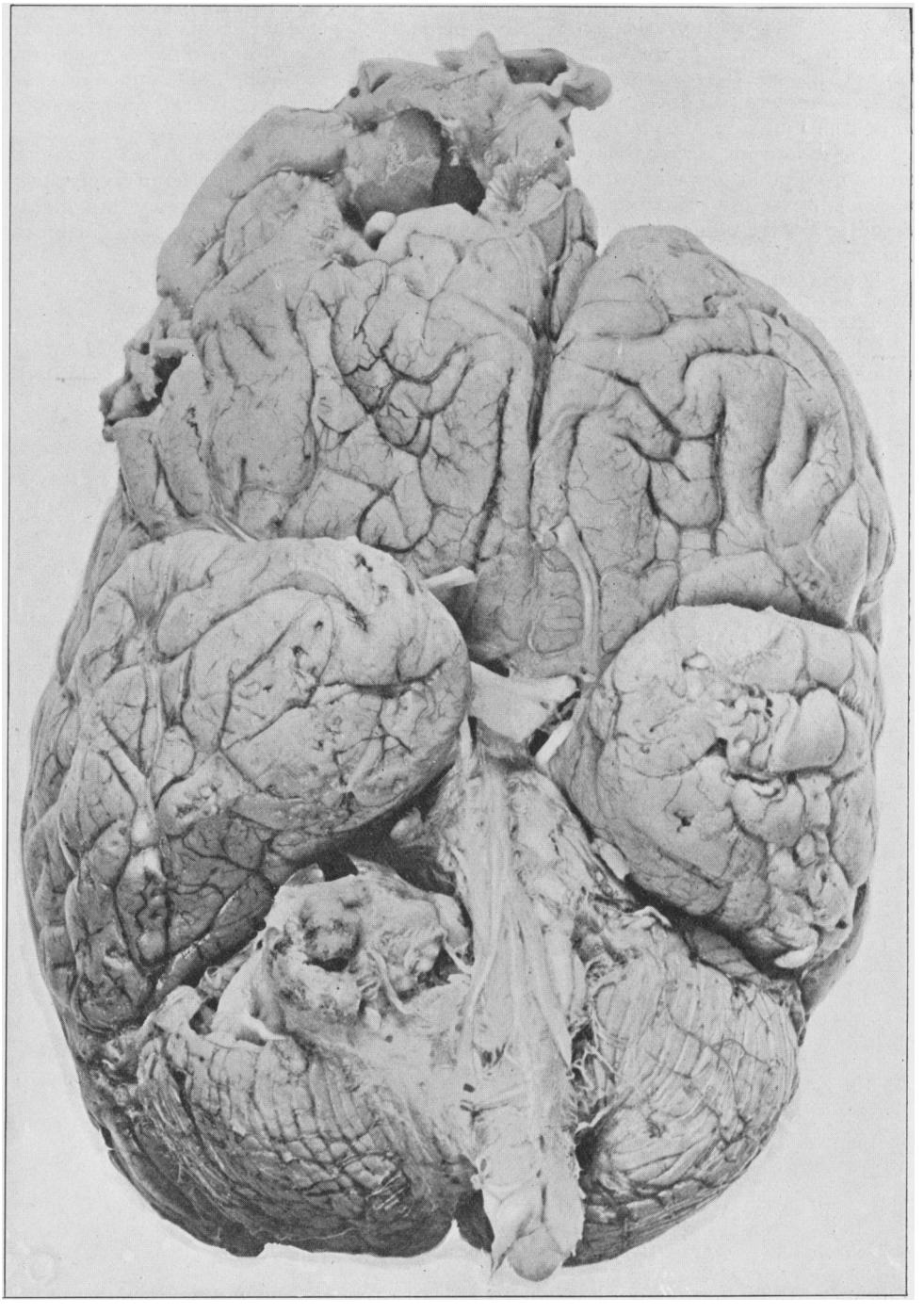


FIG. 5.—Rounded tumour in right cerebello-pontine angle, compressing cerebellum and pons. Pressure-cone and internal hydrocephalus with enormous frontal hernia through decompression opening.

On March 13, 1930, a right frontal decompression operation was performed. The patient's condition became steadily worse; the operation hernia increased to an enormous size and the mental condition deteriorated. Papillœdema persisted and by June 15, 1930, he was only able to distinguish between light and darkness. Later, complete blindness supervened. There was marked general wasting, and the patient died on March 23, 1931.

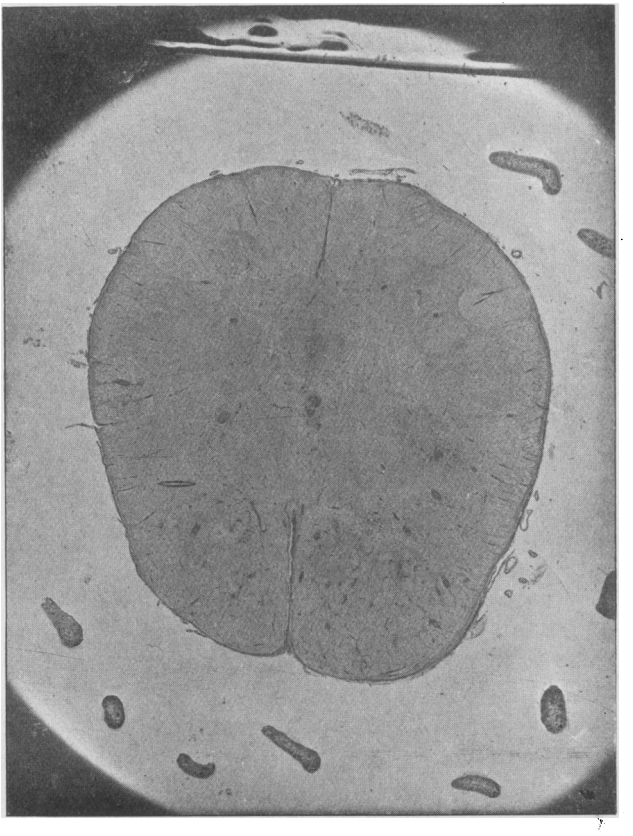
Microscopical sections of the cerebello-pontine angle tumour found on post-mortem examination, show it to be a rather soft neuro-fibroma, with, in some parts, a tendency to myxomatous degeneration. Some parts of the tumour are highly vascular and in some areas there are hæmorrhages and degenerative and necrotic changes (fig. 5).

The pituitary body showed a considerable degree of pressure atrophy.

Encephalitis of Unknown Origin.—L. MINSKI, M.R.C.P.

The patient, male, A. B., aged 47, was admitted to the Maudsley Hospital. suffering from failing memory. The family history and previous history were negative.

The patient was well until Christmas, 1928, when he began to tire quickly. In



DR. MINSKI'S CASE OF ENCEPHALITIS.

FIG. 1.—Middle part of medulla showing nodules. × 5.

February, 1929, his memory began to be impaired and he was mildly depressed. Later he began to have difficulty in holding his water; he had frequency and precipitancy of micturition, and his speech became indistinct. He also became drowsy and walked with his legs stiff.