Recently the author experienced a case of a hypophyseal tumor accompanied by a meningioma each of which was verified by operation and autopsy respectively.

Report of a case; A 64 years old male had been complaining of visual disturbance since 5 months before admission, which was aggravated to almost complete blindness on admission.

Hypophyseal tumor was suspected by routine skull X-ray and ventriculogram.

Frontal osteoplastic craniotomy revealed an egg-sized intrasellar tumor which was nearly totally extirpated and disclosed to be a meningioma by histological examination.

The patient became subcomatose at the 7th postoperative day, followed by death at the 48th postoperative day.

At autopsy an egg-sized tumor was found above and posterior to the formerly extirpated meningioma and was disclosed to be a eosinophilic hypophyseal adenoma histologically.

133. Psychiatric Manifestations in 3 Cases of Diencephalic Tumors

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Three cases of diencephalic tumors were reported which had marked psychical signs. The results as follows:

Case I. I.T. 37 years old, Male.

At first depressive state, then schizophrenia-like paranoid-hallucinatory syndrome, amnesia and personality change etc. appeared. Neurologic signs were fluctuated and of little diagnostic value. Died 7 months after the onset of illness.

Autopsy; Glioblastoma multiforme involving almost entire area of left thalamus and a part of hypothalamus.

Case II. I.Y. 29 years old, male.

Begun with personality change, monologia and stereotyped behavior and was misdiagnosed as a schizophrenia. After hospitalization, hypersomnia increased and "akinetic mutism" lasted for 4 months. Died 10 months after the onset of illness.

Autopsy; All of the ventricle wall were invaded by neoplasma. Microscopically revealed pinealoma arising from the ependyma of the ventricle, while the pineal gland was intact. So diagnosed as "primary ventricular pinealomatosis".

headache, vomiting, and impairment of vision.

Physical examination revealed an increase in intracranial pressure and choked disk without neurological symptoms.

Carotid angiogram and pneumo-encephalogram were made for an accurate localization of a tumor. The radiological findings suggested the diagnosis of bilateral frontal lobe tumor and the patient was subjected to a craniotomy and the tumor was removed. On opening the specimen it was found that the neoplasm occupied the anterior horn of the lateral ventricle, extending from the cranial portion of the third ventricle to the foramina of Monro. The tumor was quite close to the

Case III. M.O. 15 years old, male.

One month before admission, he suffered from acute appendicitis.

After recovering from appendectomy, showed marked manic state and emotional irritability. No neurologic signs were seen. Under the diagnosis of "manic state", EST was performed and followed by status epilepticus for 5 hours.

Gradually developed neurologic signs and he died 11 months after the onset. Autopsy; Ectopic pinealoma involved both thalamus and hypothalamus.

134. Studies on the Ectopic Pinealomas

Report of Seven Cases

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There are three types of ectopic or heterotopic pinealomas of the central nervous system. The first type, as previously reported, is the tumor arose elsewhere from the ventricular lining, which at an early stage has the potentialities of developing pineal parenchyma. The second type is the pinealoma arose outside the cerebrum, and the third type is the pinealoma originated elsewhere from the brain substance. We have experienced seven cases of ectopic pinealomas. Three were of the first type, two were of second, and two others were of the third type. In the first type, the tumors of two cases originate in the lateral ventricle and one in the third ventricle. One tumor of the second type arise outside the base of cerebrum, pressing directly behind the optic chiasm and does not invade the third ventricle, and the tumor of the other case develops in the lumbar intrathecal space and invades into the retroperitoneal tissue. In one case of the third type the pinealoma develops diffusely in the subcortical region of the cerebrum and does not invade the lateral or third ventricles. The last one has a tumor in the midbrain and pons and the histologically normal pineal body is surrounded by pinealoma.