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 pinealoms. 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.