Case 1: A twenty-year-old man developed headache, vomiting and visual difficulty a month prior to admission. Neurologically there was bilateral papilledema, bilateral abducens paresis and a staggering gait. Right carotid angiography suggested a large tumor in the right temporal lobe. At operation, an infiltrating tumor was found in the temporal lobe invading through the tentorium down to the cerebellar hemisphere. En-bloc removal of the tumor including the involved portion of the tentorium was followed by postoperative Co-irradiation.

At present, four years and four months after the operation, he does not show any signs of tumor recurrence. Histologically the tumor tissue was extremely cellular with proliferating intercellular reticulin. Grossly it appeared to be arising from the dura, an origin which is considered to be very rare. However, there was no definite finding which could demonstrate whether the tumor originated from the dura or from the intracerebral vessel wall.

Case 2: A forty-year-old house-wife rapidly deteriorated in mental condition and was hospitalized as an emergency case with symptoms suggesting a transtentorial herniation. Left carotid angiogram showed a pathological vascular proliferation in the region of the thalamus. Ventricular drainage was done, but she expired on the seventh postoperative day. Autopsy disclosed an infiltrating, poorly defined tumor in the thalamus, bilaterally, and in the right caudate nucleus and the striatum. Histologically the tumor tissue was very cellular and had the characteristic features of perivascular neoplastic proliferation extending into the brain tissue far beyond the grossly neoplastic area. There was practically no reticulin proliferation around the tumor cells, and there were some argyrophil tumor cells resembling microglia.

It can be thus emphasized that these two cases, both of which are classified as reticuloendothelial cell tumors, are quite different in their pathological as well as their clinical characteristics.

7. The Operations by Bifrontal Coronal Incision with Particular Reference to Total Removal of Sellar Tumors

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Bifrontal coronal incision is not a novelty, but reports concerning this technique

is scant in Japan, except the approach for the direct attack to the aneurysm of anterior communicating artery.

Forty cases of the neurosurgical diseases were operated by this method in our clinic, as follows: head injury, tumors of frontal bone or soft tissue, diseases of frontal sinus, falx-meningioma, and sellar and suprasellar tumors including malignant pituitary adenoma, teratoma, ectopic pinealoma, suprasellar meningioma and olfactory groove meningioma. Three cases of them were lost in hospital.

We reported advantages and disadvantages of this incision and the sugical managements for the anterior communicating artery and chiasm on the sellar and suprasellar tumors in particular.

8. Pituitary Tumors: Report on Seven Years Operative Experience at Our Department in O.R.L.

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Our report concerns 37 patients who were diagnosed and operated at O.R.L. Dept. of the JIKEI University School of Medicine as having a pituitary tumour during the years 1960 to 1966 inclusive.

Summary as follows;

survivors;	20 patients
healthy	9
no occupation	6
under postoperative treatment	3
unkown	2
death;	13 patients
cachexia	4
cerebral hemorrhage	1
liver disease	2
automobile accident	2
pneumonia	1
peptic ulcer	1
fracture of the base of the skull	1
senility	1
Sexual impulse (post operative)	
normal	11
debilitas sexualis	4
Others	