

CASE 3

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A 42 year-old building contractor had been tense and anxious all his life, but had been healthy otherwise. During the past months he did not feel well, became less alert and uninterested in his work and family, his appetite diminished, he lost weight and began to complain of headaches. He had had many personal and financial problems during the past 3 years. Finally he stopped talking to his wife altogether. During the days before his admission to hospital, his headaches had become very severe, he was confused and staggered.

On examination, he was very sleepy and tended to drift off, which made his examination incomplete. General physical examination was negative. The cranial nerves appeared intact, he had a gross tremor of the hands, and the deep tendon jerks were increased on the left. The spinal fluid was under a pressure of 320 mm. of water, was slightly xanthochromic and contained 8 red blood cells and 100 mgs.% of protein. The next day the patient had a cardiac arrest. An E.E.G. after resuscitation was isoelectric and he died a few hours later.

✓ At postmortem, a firm, gray, nodular, circumscribed partly hemorrhagic tumour, measuring 7 cm. in diameter, excavated the undersurface of the right frontal lobe. It extended to the dura but was not attached to it and did not penetrate it. The remainder of the necropsy was unremarkable.

Submitted are two gross Kodachromes of the lesion, 1 slide stained with H and E, and 1 unstained slide.