

The symptoms of onset. Nausea and vomiting were frequent at the onset of cerebral hæmorrhage, and comparatively uncommon in other vascular lesions. Twitchings and convulsions were more frequent at the onset of occluding lesions, and especially when the cortex was affected. General convulsions occurred in nearly one third of the embolic cases. Convulsions may occur in hæmorrhage apart from meningeal or ventricular bleeding, but are more common under these circumstances.

Loss of consciousness is more frequently noticed in hæmorrhage than in occlusion.

In the present series the following figures bears out this view. This symptom occurred in over 80 per cent of cases of hæmorrhage, in thrombosis 45.5 per cent, and in embolism 46.1 per cent.

Unconsciousness is more frequent in intra-ventricular hæmorrhages than in others, but its noteworthy that consciousness was retained until near the end in four cases of the former condition.

An apoplecticiform onset, whatever its cause, increases the gravity of the prognosis. Of the extra-ventricular hæmorrhages more than twice as many died of the immediate attack when the onset was apoplecticiform.

The immediate prognosis is much graver with hæmorrhage than with softening. In a series of 109 cases of hæmorrhage 72.5 per cent died within a week, the numbers being about 30 per cent for the two forms of softening in the same period. On intra-ventricular hæmorrhage nearly 60 per cent of the patients died in the first 24 hours. One patient lived forty minutes, another thirty, and one only fifteen, recalling Abercrombie's case that proved fatal within five minutes. Two patients lived for a month and one for six weeks presenting post mortem evidence of a clot in the ventricles throughout.

Of the extra-ventricular cases, the one running the most rapid course proved fatal in ten hours. Mushet has published a case of this nature that died in thirty minutes, so that a rapid termination is not confined to ventricular hæmorrhages.

In thrombosis early death is certainly rarer than with hæmorrhage, but about the same percentage prove fatal in a month.

In embolism the problem is complicated with a cardiac lesion, which is usually the direct cause of death. In a surprising number of cases malignant endocarditis, previously unrecognized, has been found at autopsy. The mortality is decidedly less than thrombosis.