

These symptoms were progressive and in the order named. There was an obscure account of a fall. I gave a tentative diagnosis of brain tumour on right side, and asked to have Dr. Clark, of the Asylum, see her.

Drs. Clark and Jones saw her at the Toronto Asylum about the 20th, and agreed that it was a tumour, probably of the right cerebellum.

On the 26th December she began to lose control of bladder and rectum, so I advised having her taken to the hospital for operation. She went to the Western Hospital, December 27th, was operated on the following afternoon, December 28th, by Dr. G. Bingham. The first stage of the operation, removing the bone and completely exposing the cerebellum, was completed successfully, and the patient removed to the ward. She died thirty hours after from shock. On post-mortem the trouble was found to be a glioma of right optic thalamus.

*Comments by Dr. Ernest Jones.* At the autopsy I performed on the case just related by Dr. Heggie, there was, to our surprise, no tumour visible to the naked eye. As, however, the optic thalamus on the right side was darker and of a firmer consistence than its fellow, I removed it, together with some other portions of the brain, with a view to further examination. On studying it by means of the routine staining methods for cerebral tissue one found that the thalamus was the site of an infiltrating tumour. From the character of the cells and supporting tissue this was evidently of a gliomatous nature. The nervous tissue had been largely destroyed, but there was hardly any evidence of nervous degeneration of toxic origin, so that the mechanical factor was the dominant one. The mass occupied the posterior two-thirds of the thalamus and extended for a short distance beyond its margin.

Thanks to Dr. Heggie's courtesy I had the opportunity of seeing the case on one occasion during life, though under circumstances that prevented examination thorough enough to arrive at any precise diagnosis