

A glioma of about 8 cm. long axis was removed from this situation. The patient is in perfect health nearly four years after operation, and shows no symptoms of loss of cerebellar function, although the removal of the growth necessitated considerable contusion of the cerebellar hemisphere.

These cases make it clear that the successful treatment of glioma resolves itself into a question of early diagnosis: In this respect it seems to fall into line with the corresponding malignant tumours, for example, sarcomata of muscle and other soft vascular organs and tissues.

#### EFFECT OF DIRECTLY EXPOSING BUT NOT REMOVING GLIOMATA.

In 1890, that is, sixteen years ago, my attention was drawn to the remarkable progress of a case of glioma of the cerebrum which was referred to me by Dr. Buzzard for operation on the understanding that the operation should not be completed if the hemiplegia should be increased or made permanent. The tumour was found at the point diagnosed, but it was so large that obviously its extirpation would have been followed by some permanent paralysis. The wound was therefore closed and the patient made a good recovery. Two and a half years later he accidentally infected himself with erysipelas and died in another hospital. At the *post-mortem* examination it was found that the tumour had disappeared, leaving a cicatricial and degeneration cyst. Since then I have operated on 10 cases of similar nature, but not always defining the tumour itself. In all, however, classical symptoms were present, namely, double optic neuritis, headache, vomiting, and varying motor and sensory pareses, together with severe intracranial tension and bulging of the brain through the opening of the dura.

I may quote the two most recent of these cases: The first, a boy, admitted into University College Hospital, with left hemiplegia and Jacksonian epilepsy, optic neuritis, stupor and vomiting. At operation I found that at least the middle third of the cerebral hemisphere, principally the leg area, was involved in a dark red diffuse growth. Regarding it as inoperable I closed the wound, hoping that the tumour would undergo retrogression in accordance with the previous cases. This duly happened and the boy is growing, is bright and intelligent. Examined July 10th, 1906, two and three-quarter years since the operation, he seems to be normally healthy, except that there is a considerable degree of spastic hemiparesis of the left leg, and to a less degree of the arm. Occasionally he has cortical twitching of the left leg.

The second of these two cases is that of a medical practitioner, whom I saw in October, 1902, with all the symptoms of a rapidly-growing malignant tumour of the left lateral lobe of the cerebellum. As this