

forming the roof and part of the outer wall of the ventricle and pressing on the optic thalamus. There was softening of the basal ganglia and of part of the right hemisphere. West and Banks have recorded somewhat similar instances.

Bouveret, in recording two cases of sudden onset of paralysis in cerebral tumour, associated in one case with hæmorrhage, in the other with softening, remarks on the recurrent character of the attack, within a period of a few days or weeks. Although such a course is not unknown in ordinary hemiplegia, it is certainly unusual to find the attack following another at such short intervals, and this writer is apparently inclined to regard such occurrences as suggestive of latent tumour.

That paralysis of sudden onset in cases of cerebral tumour is not invariably due to vascular lesion is shown by two cases recorded by Gowers. Post-mortem examination failed to reveal any indication of hæmorrhage or softening in either of these instances. Gowers suggests that inhibition of the motor area is responsible for the symptoms, and he regards them as analogous to the sudden occurrence of a convulsion during the course of the disease.

The occurrence of hæmorrhage or softening associated with cerebral tumour must be regarded as a grave symptom. Should the patient survive the immediate effects of the attack, recurrence as shown by Bouveret's cases is apt to take place. The fatal issue is frequently precipitated by either of these accidents, and of the cases above referred to all proved fatal within a period of ten weeks.

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## NOTES ON MALARIA AND ITS TRANSMISSION.

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In offering the following notes for publication, the writer wishes to state at the outset that he does not purpose offering a comprehensive article on malaria, either historically, clinically or otherwise. The