Tuberculosis	4	2 died within three months of tuberculous meningitis. 2 alive well, longest 7 years.
Gumma	8	No recurrence.
Fibroma	4	No recurrence.
Cysts	5	No recurrence.
Adenoma	Pituitary 3	1 recurrence.
Adeno-sarcoma		

But unfortunately a considerable proportion of cases of cerebral tumour are essentially malignant, and by reason of their diffusing through the nerve tissues are very difficult to deal with so as to produce a complete and radical cure. These are the gliomata or glio-sarcomata. One elementary point of difficulty arises from the fact that they not infrequently reach a considerable size before they produce sufficient symptoms to render a topographical diagnosis accurately possible. Further, pathological anatomy does not yet tell us how to classify these growths, or how to determine what is their exact point of origin, consequently it is very difficult to systematically attack their growing focus or plan correctly the complete extirpation of the infected tissues. Further, the regions of the brain surrounding the tumour are commonly œdematous, and this introduces a fresh difficulty—namely, to decide between the infiltration of the brain tissue with neoplastic growth and with simple œdema respectively. The Queen Square series of cases in the foregoing table show that recurrence of malignant disease was observed in no less than 20 out of 23 instances. I have on several occasions attempted, with but partial success, to obtain by extirpating such recurrences the same striking result as Bramann in his classical case, but undoubtedly the treatment of this class of disease will not be surgically satisfactory until the diagnosis is so far improved as to make it possible to remove the growth entirely with certainty in the first instance. I may quote a couple of cases illustrative of this:

Case I.—P. This patient, a man aged 62, sent to me by Dr. Sellers, of Preston, presented all the classical symptoms of a localized tumour of the right ascending frontal gyrus, namely, Jacksonian epilepsy, hand aura, slight hemiparesis, atopognosis, etc., and optic neuritis limited to the upper nasal quadrant of the right disc. At the operation a small tumour, 5 cm. in length, was found, which commenced in the substance of the cortex and was spreading diffusely from that focus. Microscopically it proved to be a highly malignant glioma. The patient remains in good health.

Case II.—F. In this case the patient, a boy aged 8, presented fulminating symptoms of cerebellar tumour, intense optic neuritis, inability to stand, repeated cerebellar fits, marked nystagmus and localizing pressure symptoms enabling a diagnosis of right cerebellar lateral lobe lesion.