

In the light of the post-mortem examination the tumour must have been latent for some time, and the occurrence of hæmorrhage into its substance apparently caused sufficient enlargement to involve the motor fibres passing from the centres of the arm and face, thus accounting satisfactorily for the sudden paralytic symptoms.

The clinical course of most instances of cerebral tumour is marked by a slow and progressive advance of the symptoms. The occurrence of hæmorrhage or softening in the neighbourhood, or even of hæmorrhage in the substance of the growth itself, as in this case, is, however, marked by a sudden onset or exacerbation of a symptoms. Hemiplegia, accompanied in severe cases by loss of consciousness, ensues in precisely the same fashion as in ordinary form of rupture or occlusion of the cerebral vessels. Where evidence already exists of the presence of a neoplasm, the recognition of such cases is not usually a matter of difficulty. A history of preceding severe headache or the existence of optic neuritis would give the clue to the underlying condition.

The difficulty of recognizing the presence of tumour in cases of sudden onset is greatly enhanced when there is no previous history suggesting coarse disease, or when, from any reason such as unconsciousness, no history is forthcoming. Here the symptoms closely simulate those of ordinary hæmorrhage or softening.

Hæmorrhage, as might be expected, occurs in the more vascular forms of tumour, particularly in glioma, and may take place in the tumour itself or on the vascular layer at its periphery. In the latter case the extravasation is occasionally large, and may even rupture into and flood the ventricles. Cerebral softening is frequently found at the surface of new growths as the result of pressure, or it may follow occlusion of vessels from pressure or by invasion of the lumen of the vessel by a neoplasm. In the case of syphilomata concurrent disease of the vessels is often found.

The onset of such cases is commonly marked by paralytic symptoms, but in the case of extensive hæmorrhage or even of softening, the clinical picture may be that of apoplexy. Hughlings Jackson records an instance of a patient brought to hospital comatose in whom the diagnosis of apoplexy was made. The autopsy revealed a hæmorrhage into the lateral ventricles originating from an adjacent tumour. A parallel instance is related by Martin in which the terminal symptoms were due to softening. The patient, after being confined in an asylum for some years, became rapidly unconscious, there was a doubtful paralysis of the right side and the right pupil was dilated. The autopsy revealed a tumour the size of a hen's egg in the right hemisphere,