

watery. Ventricles greatly dilated. Situated on the upper and posterior surface of the pons and involving its superior fibres was a soft almost diffuent tumor. The tumor passed backward beneath the tentorium and involved about half an inch of the right lobe of the cerebellum and one-eighth inch of the left. The right side of the pons was effected more deeply than the left. The tumor did not pass up into the cerebral hemispheres. The tumor measured $1\frac{1}{4}$ inches, antero-posteriorly, one inch transversely and averaged half an inch in thickness.

Microscopic Examination—Rapidly growing encephaloid carcinoma. Blood-vessels filled with red blood cells are numerous and distinctly marked throughout the specimen, occupying the inter-alveolar fibrous tissue. In some parts of the specimen small hæmorrhages into the epithelial structure can be seen.

Remarks—There was no recurrence of the tumor in the breast or axilla but scarcely two years had elapsed. Carcinoma of the pons is comparatively rare. Of 55 cases collected by Starr:—30 tuberculous, 6 sarcomatous, 10 gliomatous, 3 glio-sarcomatous, 2 carcinomatous, 3 gummatous, 1 other variety.

The diagnosis of cerebral tumor is not always easy. In cases where there is no paralysis the difficulty is much increased. Many cases have been and are diagnosed hysteria. Shoenthal (Berlin Klin) has recorded a case of supposed hysteria in which the most careful examination failed to reveal any physical signs of tumor, yet the pathologist found a large tumor of right frontal lobe. Mayer and Buzzard have reported several such cases.

Bramwell, in his work on intracranial tumors, describes an enormous tumor lying in the central region upon the cortex of the right side without a symptom of paralysis. Tumors of the pons are of course inoperable. Horsley, Park and others advise removal of a section of skull for the relief of the severe cephalalgia due to inoperable tumors. Park relates the history of a case in which for severe cephalalgia from tumor at the base, he made a large trephine opening in the skull, relieving the pain for several months. With the advantages of modern surgery we are justified in making more exploratory incisions, putting forth a greater effort for the relief of this most unfortunate class of our patients.

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