

slowly and not invading the brain tissues. When accessible, are often readily removed.

Tuberculomata, commonly situated subtentorially, are often multiple and cannot be considered favorable tumors from a surgical standpoint, because usually accompanied by similar lesions in other parts of the body and commonly infiltrating the meninges.

Syphilomata are not so common as in the cerebrum, sometimes totally unaffected by anti-syphilitic remedies. They appear as **hard, encapsulated** tumors and if they can be reached are readily removed.

Cysts are of frequent occurrence, being (1) traumatic (for partially absorbed blood clot); (2) parasitic; (3) cystic degeneration of a sarcomatous, carcinomatous or gummatous mass, or (4) simple arachnoid cysts. Many of these cysts are amenable to surgical treatment.

Carcinomata are always secondary to cancer in other parts—particularly the breast. Are usually multiple and are quite unsuited to surgical procedures.

Subtentorial abscesses may be (1) multiple and generally pyæmic in origin, (2) acute traumatic abscess, usually from infected compound fractures of the skull, and (3) chronic abscess.

Chronic abscesses of the brain to which I will confine my remarks, in a large proportion of cases arise from middle ear suppuration and are about one-half as common as abscesses in the temporo-sphenoidal lobe; these abscesses are also due to the same cause.

Many of the symptoms common to cerebral abscess are intensified when the focus of suppuration is situated in the confined space below the tentorium cerebelli. Headache is exceptionally severe and usually occipital in type; optic neuritis may develop early and reach a high grade of intensity, vomiting is severe and exhausting, while other symptoms dependent upon the increased intra-cranial pressure—slowing of the pulse—alterations in respiratory rhythm—are correspondingly accentuated.

The more localizing symptoms are vertigo, when standing the patient tends to fall in some particular direction, most commonly to the side affected, although opinions differ on this point and may lead to error in diagnosis. Sometimes Dana's cerebellar fits are noticed—vertigo, roaring in head, relaxation of limbs and the patient falls unconscious. This symptom is