

usually attributed to the brain stem being suddenly forced down into the foramen magnum, like a cork in a bottle, with the consequent disturbance of the vital centres in the medulla.

Lumbar puncture supplies information as to the tension of the cerebro-spinal fluid and to its bacteriological and cytological characters. But there is abundant evidence of the increase of intracranial pressure as shown by the mental condition of the patient, the headache, optic neuritis, etc. On the other hand we may get valuable indications of the probable tuberculous or syphilitic character of the brain lesion from an examination of the cerebro-spinal fluid. But cannot the same evidence be obtained by using tuberculin, the Wassermann, or other tests? Looking at the question from the broadest point of view, it would appear that lumbar puncture, especially in cases of subtentorial tumors, where the pressure is usually very great, is fraught with considerable peril.

The frequency of subtentorial tumors may be gathered from collected cases. Schüster, from an investigation of 1,000 cases, showed that cerebellar tumors are relatively more common than cerebral, the comparative size of the two regions being taken into account. Paton's tables show cerebellar and extra-cerebellar tumors together form rather more than twenty-five per cent. in 202 cases of brain tumor formation.

Gliomata, sarcomata and endotheliomata are the commonest types. Other forms are fibromata, tuberculomata, syphilomata, cysts and carcinomata.

Gliomata are generally primary and single, are ill-defined and seldom amenable to surgical operations.

Sarcomata grow from the meninges, periosteum of the cranial bones and from the sheaths of nerves and vessels. They are primary and then single or secondary and their multiple. Sarcomata are more or less encapsulated, tending in the first place to cause pressure only and then later invading surrounding regions. In the early stage of its development the tumor may be completely removed.

Endotheliomata grow from the meninges. They are hard in their early stages, definitely non-infiltrating and when accessible, removable.

Fibromata commonly originate in the cerebello-pontine angle, possessing a narrow stalk, often an atrophied nerve or vascular bundle, being very frequently attached to the eighth nerve, hence often designated acoustic tumors. They may be small or large, appearing as pink lobulated tumors growing