

portant sign of tumours of the cerebello-pontine angle is the early and intense affection of cranial nerves. The seventh and eighth nerves are practically always paralyzed, and frequently also the fifth, sixth and tenth. When the tumour presses on the cerebellum or its peduncle then typical cerebellar ataxia and gait, homolateral paresis and hypotonia will occur. The paresis and hypotonia are, however, only very slight. A contralateral paresis due to pressure on the pyramidal tracts is common; this will, of course, be spastic and will shew the characteristic changes in the reflexes, such as Babinski's sign, etc. When this spastic hemiplegia is present the patient will in standing rest his weight on the homolateral leg, and not, as in cerebellar tumour, on the contralateral. Two other valuable signs may be mentioned. First, a coarse tremor is frequently present in the homolateral arm when it is held out horizontally, whereas, as was mentioned above, this arm is held preternaturally steady in cerebellar tumour, provided no hydrocephalus is present. Secondly the feeling of subjective rotation is towards the side of the lesion, whereas in cerebellar tumour it is towards the opposite side.

Before concluding I might add a few remarks on the important practical question of how to determine the side of the lesion, once its site in the cerebellum is known. This is a matter that frequently causes considerable embarrassment, but the following points are of service in helping one to decide. The general rule is that every symptom of cerebellar tumour is either confined to, or most marked on, the same side as the lesion, but there are several fallacies of observation that have carefully to be guarded against. For instance, the patient as a rule tends to deviate towards the side of the lesion when asked to walk towards a given point. Later in the course of the disease, however, he becomes aware of this tendency and tries to counterbalance it. In so doing he advances with the shoulder on that side higher than and in front of its fellow, and we are thus able to detect the process. It may often be observed that on good days he actually over-compensates this defect and deviates towards the opposite side, a fact that easily leads to a false conclusion, whereas on bad days he deviates towards the side of the lesion. Again, although the symptoms of cerebellar tumour are, as a rule, paralytic in nature, yet occasionally they may be irritative, and will then be in the reverse direction. The cerebellar attitude of the head is notoriously misleading in this respect, for