

has been mentioned by a number of writers. Also noteworthy is the fact that with a few exceptions the convulsions were sharply localized to the arm and face area.

This was also true of the uræmic attack in the hæmoglobinuria case.

Of the cases of convulsions during typhoid which Osler quotes, two occurred at the onset, 4 from the toxæmia, one from thrombus of the middle cerebral and one from tuberculous meningitis. We have to acknowledge with thanks the kindness of Dr. Blackader in permitting us to report Case No. I from his wards, and thanks are due Dr. Fyshe and Dr. Tees for the clinical histories.

CEREBRAL TUMOUR SIMULATING A VASCULAR LESION.

BY

F. G. FINLEY, M.B., (London) M.D.

Assistant Professor of Medicine, McGill University, Montreal.

The symptoms denoting the presence of a cerebral tumour are usually gradual in onset and progressive in character. Occasional exceptions are, however, observed, and the symptoms if of a sudden origin are usually due to a complicating vascular lesion, either hæmorrhage or thrombosis.

The object of the present communication is to call attention to a class of cases beginning with symptoms of hemiplegia or apoplexy which may completely mask the true nature of the malady. The following case is one in point.

Joseph L., æt. 47, stonemason, was admitted to the Montreal General Hospital on April 1st, 1905, and died on May 25th. He complained of headache, weakness of the right arm and some difficulty in speaking.

He cannot remember any previous illnesses, and denies having had venereal disease. He has smoked heavily, but was always a moderate drinker. His father died of rheumatism, while his mother and two of his children died of tuberculosis. The present illness came on during sleep. He went to bed feeling well and strong, and on the morning of March 15th he noticed weakness in the right arm and difficulty in speech. After keeping at work for eight days he was obliged to stop owing to inability to hold his tools.

Present condition.—The patient is a strongly built and well developed man. There is weakness of the right face and arm and slight difficulty in finding certain words. The gait is normal and the foot is not dragged.

On the right side the face shows flattening of the labio-nasal fold, the movements of the forehead are defective and the eye is not so