followed in June by rapid loss of flesh and obscure abdominal pains after taking food. Following this she suffered from several "attacks of inflammation of the bowels," lasting for a few days, during which she had complete constipation, much colic and bilious vomiting; but in each instance the bowels were opened and she became comparatively well. In the intervals she noticed increasing pain after taking food, and when she came under observation she had restricted her diet to milk and prepared food. She looked ill and emaciated and complained of diarrhoea, which had commenced three days previously. On examination the abdominal walls were found to be baggy, and there was no marked distension of the abdomen. There was pain with tenderness all over the abdomen, aggravated by pressure, this appearing to be intensified a little above and to the right of the umbilicus, with a sense of resistance. There was nothing palpable and there was no dullness on percussion. The stomach was dilated. The liver and spleen were not palpable and nothing abnormal was felt per rectum. She had a loud systolic aortic murmur, with a small pulse, which was occasionally intermittent. The temperature was 97° F. During the next two days the diarrhoea and colic, after slight improvement, became worse than ever; vomiting began, and it very soon became faecal. Thinking from her rapid emaciation and history that there might be some abdominal growth narrowing the gut from without, and that probably scybala partially obstructed the lumen of the bowels, I gave a large soap-and-water enema with a little turpentine; this she at once returned, with the immediate effect of relieving the abdominal symptoms. She slept for an hour, only to wake up with an aggravation of her symptoms. She passed several bloody and foul-smelling motions, and vomited incessantly until death occurred on the fifth day from exhaustion, her condition not justifying an operation.

Necropsy.—The abdomen was flaccid; there was a fair amount of fat in the abdominal walls and omentum. The latter was adherent in many places to the intestines, and there were old adhesions in the neighbourhood of the ileum and caecum. The small intestine was matted together with recent peritonitis; on separation a hard mass was felt a foot above the ileo-caecal valve, which could be moved upwards, but on pressing downwards towards the ileo-caecal valve it became firmly impacted. For a foot above the obstruction the intestine was very much more ecchymosed, and a perforation which would admit a goosequill was found, the floor of which was formed by the neighbouring intestine, to which the edges of the perforation were glued, thus completely preventing the escape of faeces into the peritoneal cavity. Below the obstruction the bowel was everywhere collapsed, and the mucous membrane and peritoneal surfaces were intensely injected. The gall-bladder was much shrunken, and could hardly be recognised. The liver was a typically nutmeg one. The kidneys and spleen were normal. The stomach was dilated and contained foul-smelling fluid. The aortic valves were atheromatous. The mass was irregular on the surface, of the size of a bantam's egg, and much resembled one in shape. It was greenish-black in colour, concentrically laminated, and showed well the glistening crystals of cholesterolin. It was dry and friable and could be readily crushed with the knife.

Remarks.—It seemed that the increased peristalsis set up by the enema forced the stone towards the ileo-caecal valve and converted a partial into a complete obstruction, the bloody motions resulting from the further efforts of the bowel to get rid of the stone.

Devon-square, Newton Abbot.

CEREBRAL GLIOMA OCCURRING IN A PATIENT WHO HAD SUFFERED FROM FRACTURE OF THE SKULL THIRTEEN YEARS PREVIOUSLY.

By R. MUZIO WILLIAMS, M.D. LOND., M.R.C.S. ENG. &c.

AS the following case of cerebral glioma presents many points out of the common I venture to give a brief *résumé* of the history and the results of the necropsy.

An unmarried woman aged thirty-two was seen by me on March 18th and gave the following account of herself. She had enjoyed good health until the age of seventeen, when, whilst walking along a parapet, she fell a distance of fifteen feet, through the roof of a greenhouse, on to a stone floor. She remained unconscious for five hours afterwards, and suffered from considerable

haemorrhage from both ears. It was three weeks before she was about again. Since that time until ten months before I first saw her she had enjoyed very good health, with the exception of attacks of neuralgia, to which malady several of her brothers and sisters were subject. She had always been noted for her activity in out-door games and for her brightness of intellect. During the previous ten months she had complained of not feeling inclined to take exercise, and during the previous three weeks she had frequently stayed in bed on account of very great pain at the top and back of her head and neck; the pain was of a shooting, though sometimes of a throbbing, character. At times she had felt faint, but she had never lost consciousness. She also said she had suffered greatly from indigestion. She was well nourished and appeared to be in almost perfect health. There was no tender spot on pressure over the scalp. The pupils were equal and there was no motor paralysis of the ocular muscles or elsewhere; the sight was said to be very good, but unfortunately the discs were not examined. There was no affection of sensation or of the senses of smell and taste; vomiting had occurred only twice. No conjugate deviation of the head and eyes was present. The lungs and heart were normal; the pulse was 56. The stomach was tympanitic and distended, and the patient could not wear corsets. During the following twelve days her dyspepsia and general health improved and she was able to go out in a Bath chair occasionally, but she still complained of pain and of feeling faint at times. On the night of the 30th the pain became very severe and she slept but little. The next morning she became violent and destructive, and about mid-day she was faint and began to lose consciousness. On my arrival the pulse was barely perceptible and irregular. There was complete unconsciousness. After about an hour she rallied for a time, slightly recovering consciousness, and her pulse improved; but a relapse soon took place, and she died about five hours after the first onset of the syncopal attack.

A necropsy was made sixteen hours after death by Mr. H. E. Friend (who had kindly seen the patient shortly before her death) and myself. There were signs of old fracture of both middle fossae. The dura mater and arachnoid were healthy, but the pia mater appeared to be cloudy, as if infiltrated with inflammatory exudation, this condition extending over to the left side beneath the falx cerebri. On the removal of the membranes an oblong tumour was to be seen, being about an inch and a half long by an inch and a quarter broad. This tumour involved the anterior portion of the right superior frontal convolution. It was exceedingly soft in the centre, but was more vascular and of firmer consistence at its circumference. A section of the tumour was subsequently examined by my friend Mr. Shattock, and he found it to be of the nature of a glioma.

Remarks.—It would be interesting to know whether gliomata have been observed by others to follow severe cranial injuries in such a proportion as would incline the observer to think that some causal relationship existed between gliomata and previous injuries. Sarcomata are considered sometimes to follow traumatism, and are probably caused by an excess of cell activity during the process of reorganisation and reparation, so that it is not extravagant to suppose that a condition may have arisen here such as would cause the formation of a connective-tissue growth closely allied to the sarcomata. If such were the fact in this case, the long interval of time between the injury and death was certainly remarkable. The tumour existed at the spot where some cerebral haemorrhage was most likely to have taken place from *contrecoup* at the time of the injury. It is also interesting to note that the situation of the tumour was such that no motor paralysis or affections of the special senses would be expected. As syncopal attacks were the main features of this case it is worthy of consideration whether there is any functional relationship between the part of the brain affected and the heart.

St. Mark's-road, North Kensington, W.

POLY-ARTICULAR RHEUMATOID ARTHRITIS IN A CHILD SIX YEARS OLD.

By H. LLOYD-DAVIES, M.B., C.M. EDIN.,
HOUSE SURGEON TO THE DEVONSHIRE HOSPITAL, BUXTON.

A GIRL aged six years was admitted into the Devonshire Hospital, Buxton, on May 14th last. There was no family history of gout or rheumatic disease, but a grandfather had