thrice daily; and sometimes the two medicines were combined; but there was no abatement of the disease. Thereafter the iodide was given in thirty-grain doses twice daily, along with thirty grains of the bromide at bedtime only; and both have been continued in these doses since that time. There has been no symptom of either bromism or iodism. The result has so far been gratifying, seeing so long an interval has elapsed since the last fit. Not improbably, the disease in this case may be syphilitic in its nature, though there is no clear evidence of constitutional syphilis.

Glasgow.

A CASE OF CALCULUS OF THE CÆCAL APPENDIX, WITH REMARKS.

By W. MAUNSELL COLLINS, M.D.

A YOUNG gentleman, about eleven years of age, previously in good health, was suddenly attacked with vomiting, pain in the abdomen, high fever, and constipation. It was at first thought to be an ordinary "bilious" attack, but the pain and vomiting increased, with abdominal distension and soreness on pressure over the right iliac region; the pulse became rapid and feeble; the tongue dry and furred; general peritonitis supervened, and the boy died on the third day.

In consideration of the obscurity of the case and the rapidity and severity of the symptoms, the parents were induced to allow a necropsy to be made. There was extensive peritonitis, the intestines being everywhere agglutinated together. Over the right iliac region the abdominal parietes were much thickened, and the fasciæ and cellular tissue presented here a semi-gangrenous appearance, which was continuous with the parietal layer of the peritoneum. On removing the intestines the cæcum was found greatly congested and thickened, and the cellular tissue around in a state of suppuration, but it contained no accumulation within it, which I rather expected to find. The portion from which the appendix was given off was in a semi-gangrenous state, and the appendix itself was quite sloughing and rotten, and, on pressing it between my fingers, a hard substance fell out from the free end, which was ulcerated through. This substance was hard, smooth, slightly oval, and resembled a small plum or cherry-stone, and, as the boy was known to have been eating cherries previous to his illness, it was at first thought it might be a fruit-stone which had lodged in the appendix and given rise to the peritonitis from which he died.

Subsequently I mentioned the case to Sir William Jenner, and he told me that he had met with several cases of perforation of the appendix from so-called cherry or date stones, but that he believed they were not fruit stones at all, but calculi or concretions which were formed by small particles of faecal matter finding their way into the appendix, and becoming impacted and hardened in the free end; that from time to time particles pass in this way and become deposited on each other, and a sort of calculus is thus formed which increases in size, till at last it sets up irritation and ulcerates through. Sir William Jenner (who has kindly permitted me to use his explanation) considers that the formation of these calculi is due to a malposition of the appendix, where, instead of being directed upwards and inwards, as it is normally, it is, owing to its length and the attachment of its mesentery, bent at an angle whereby particles of excreta can more easily slip into it, and, having passed in, are prevented returning. We made a section of the substance I had taken from the boy's bowel, and found it composed of concentric layers, and the centre softer than the outer surface, containing apparently a nucleus of faecal matter, and leaving no doubt that it was one of these calculi.

Dr. Wilks in his "Pathological Anatomy," refers to the formation of these calculi in the appendix cæci, and states that they are formed by a morbid secretion from the glands of the mucous membrane lining its cavity combined with phosphate of lime; that they have a disposition to ulcerate their way through, and thus give rise to peritonitis. Dr. Wilks states that he has never found a fruit stone lodged

in the appendix, though he has found smaller substances, such as a grain of shot and a pin; and believes that the stories of the cherry- or date-stones being found in the appendix are mere fables, and that they are nothing but these calculi. The formation of these calculi appears therefore to be due to a malposition of the appendix, as Sir William Jenner explains, or to some morbid process within its cavity. The appendix being closed at one end, and containing glands which, like the solitary intestinal, are known to become ulcerated in typhoid fever, must be liable to morbid secretions, which being retained and confined within its cavity, may form into concretions, and these, acting like foreign bodies, set up irritation and ulcerate through, causing peritonitis and death. It is probable that many of the cases of cæcitis which recover are due primarily to some irritation or mischief in the appendix, which appears to be more prone to morbid changes than the cæcum is, as in most of the cases which prove fatal the appendix is found to be affected rather than the cæcum itself.

Grosvenor-street, W.

CEREBRAL TUMOUR, PRODUCING MENTAL SYMPTOMS.

By ERNEST FIELD, M.B.,

PHYSICIAN TO THE EASTERN DISPENSARY, BATH; FORMERLY RESIDENT
CLINICAL ASSISTANT, ST. LUKE'S HOSPITAL FOR LUNATICS.

THE following case is of interest, from the fact that the only prominent symptoms at the commencement of the patient's illness were of a psychological nature.

G. S.—, aged forty-nine, was admitted into St. Luke's Hospital for Lunatics on October 13th, 1874. No better description can be given of his mental condition at this time than by reproducing the facts indicated in his medical certificate as showing him to be of unsound mind. They were as follows:—

"Incoherent; imagines he is not in his own house; thinks he has been working hard when he has done nothing of the kind; believes he is some other person; gets out of bed, and says he wants to go home; does not get up usually unless pressed to do so; says people are in the room, and others have visited him whom he has not seen; fancies he is leading a gipsy life; loss of memory; semi-comatose." These symptoms had been present for several weeks before his admission.

With regard to bodily condition, he complained of slight headache, and appeared somewhat weak; the left leg seemed a little wasted when compared with the right, but the man could walk very fairly. Beyond this there was nothing very noticeable about him. A suspicion was at first entertained that his might turn out to be a case of general paralysis, but this idea was given up some time before his death.

Gradually he lost power in his left side and became hemiplegic; lay in bed for days in a lethargic condition, with no pains, and expressing himself as quite comfortable. His mental condition remained much as before; it certainly was no worse. From time to time he would become quite insensible, breathe stertorously, and be to all appearance in a dying state; some hours afterwards, however, he would rouse up and take food. Finally, on Nov. 23rd he had one of these attacks, but on this occasion attended with squinting and unequal pupils; and after a few hours he died.

Necropsy.—A cancerous tumour of the size of a pigeon's egg was found on the right side at the base of the brain, close behind the fissure of Sylvius, pressing extensively on all the parts around, and causing commencing absorption of the petrous portion of the temporal bone.

It will be noticed that during the progress of this case there was no sickness, and but slight pain in the head; also there was no meningitis on the left side nor effusion into the ventricles, thus negating the statement made by Professor Niemeyer in his text-book, that mental symptoms are absent in cases of cerebral tumour, unless one of these conditions is present or the tumour is bilateral.

The importance of systematic examination of the brain in persons dying "insane" is obvious, as well as the necessity for careful investigation before a patient is relegated to a lunatic asylum simply because his mental condition is becoming disturbed; for otherwise, as in the present instance,