

stop with the fat, and that it may go on to digestion (necrosis) of the walls of the alimentary tract; or that, short of that, it may act as a direct poison to the muscular fibres of the bowels, causing paresis and symptoms of intestinal obstruction. It is no unusual thing to find after operations upon the stomach, where the pancreas may have been accidentally wounded at operation, that the whole line of sutures has been digested away, with fatal result, of course. As regards fat necrosis, I would refer to Bergman's System of Surgery, Vol. IV, p. 720. Fat necrosis is most frequently seen in connexion with hæmorrhagic pancreatitis, not in the infective form where one would expect to get it most often, because here you have tissues lowered in their resisting power by suppuration.

"AUTOMOBILE FRACTURE."

E. W. ARCHIBALD, M.D., presented the notes on this condition.

DR. D. A. SHIRRES presented two specimens of cerebellar tumours, and accompanied them by a demonstration.

F. G. FINLEY, M.D.—I would like to add a word of appreciation of the very clear way Dr. Shirres has brought before us the diagnosis of intra- and extra-cerebellar tumours. Like all differential tables they are subject to exceptions and it is of course easier on paper than in actual practice to come to a diagnosis in many of these cases, and there are some where one is in doubt as to the location. I have found difficulty at times in determining whether a tumour is in the frontal region or cerebellar. I would like to ask Dr. Shirres as to whether the auditory nerve was tested with the high-pitched tuning forks; I have found evidence of nerve deafness only obtainable with the high pitched forks in Meniere's disease. As to polyuria, Fletcher, of Baltimore, has recently called attention to a fact which has been known for a long time, that some cases of diabetes insipidus owe their origin to cerebral syphilis.

M. LAUTERMAN, M.D. I would like to ask Dr. Shirres if he has any record of the examination of urine in these cases.

My reason for asking, is that I have a case under observation at present which exhibits most of the symptoms described by Dr. Shirres as being present in his cases, *i.e.*, falling to one side, vomiting and optic atrophy, I am satisfied that there is a cerebellar lesion, most likely a gumma; I may say that my diagnosis in that respect has been confirmed by two of my confreres who saw the case with me in consultation at different times, as well as by the so-called therapeutic test, as the pa-