SECTION OF PATHOLOGY.

President—J. F. O'CARROLL, M.D., F.R.C.P.I.

Sectional Secretary—PROFESSOR A. H. WHITE, F.R.C.S.I.

Friday, March 15, 1907.

DR. W. R. DAWSON in the Chair.

Abscess of Cerebellum.

DR. W. BOXWELL exhibited an abscess, in right lobe of cerebellum, taken from a boy, fourteen years of age, who, his mother said, had always been an idiot. About Christmas he was struck with a snowball behind the ear, where a lump subsequently arose. For a few days he had a discharge. He was brought into hospital on January 8th suffering from attacks of vomiting, and in a curious drowsy state. The large lump behind the ear was diagnosed as hæmatoma. He was then in a hectic condition; he vomited everything given to him, and also at intervals irrespective of food. An operation was performed on January 12th, with a view to find the condition of the lump and to ascertain if there were any disease in the antrum and sinuses. The lump was found to be a suppurating hæmatoma; and, with a view to clearing out possible mischief in the mastoid cells, they were trephined, but no particular sign of disease was found. On further exploration a suppurating track was found leading down through the occipital bone, from which pus was slowly oozing. This was found to lead under the base of the skull, and a large suppurating sinus was found. The track was drained, but no relief of the symptoms followed. The boy became more and more drowsy, and was again operated on the 25th, the skull being trephined and the brain explored for abscess. None could be found. Five days afterwards the boy died. At the *post-mortem* there was found on the right side a large cerebellar abscess, which had opened of itself on the under surface, and a pool of pus was lying in the occipital fossa. On exploring the original suppurating sinus with an ordinary bent probe, it passed easily into the cavity, and the cavity had been slowly emptying itself through the sinus and the drain. Examination of the pus showed the presence of ordinary pus cocci.

THE CHAIRMAN asked if Dr. Boxwell considered there was any causal connection between the suppurating hæmatoma and the

abscess, or whether the hæmatoma was altogether a different lesion which became infected by the sinus burrowing into it. It struck him that, for an idiot's brain, it was extremely well-formed and convoluted, and he would like to know if anything had been ascertained as to the boy's degree of mental weakness.

DR. BOXWELL, in reply, said the idea was that it was a direct infection from the bone. There was no sign of any mischief through the ear-duct, and there was no disease whatever in the antrum. Whether the hæmatoma became infected secondarily from the pus escaping through the hole in the bone, or *vice versâ*, he did not know. The pus in the cavity was recent. The boy could give no history of himself. His mother said he had always been an idiot, and could not be trusted with a message.

(a) *Sarcoma of Femur* ; (b) *Tubercular Knee-Joint*.

MR. L. G. GUNN exhibited specimens of the above. He did so, he said, because both were diagnosticated to be the same condition. Both presented symptoms of chronic inflammation of the knee-joint, which was believed to be tuberculous. In one case the diagnosis was correct ; in the other it was very much mistaken.

Sacro-Coccygeal Teratoid Tumour, with Formation of Metastases in the Groin.

MR. SETON PRINGLE read a paper on "A Sacro-Coccygeal Teratoid Tumour, with Formation of Metastases in the Groin." The growth had been removed from a man, aged fifty-seven years, who had first noticed it thirty-five years previously as a small lump in the middle line, behind the anus. Since that time the tumour had grown slowly, till at operation it measured fifteen inches over all, from lower to upper extremity, and eleven inches from side to side, extending from the upper border of the sacrum to the anal margin, and from outside the left margin of the sacrum to well on to the right gluteal region. Two metastatic growths, each the size of a large hen-egg, were present in the right inguinal region, one of these had appeared thirty-three years and the other twenty years prior to the time of examination. By the rectum the hollow of the sacrum was found to be full of growth, but, as the patient was most anxious for operation, the posterior extern pelvic tumour and the secondary glands were successfully removed. At the operation a pedicle of growth was found,

extending through the coccyx, which had been almost completely destroyed, connecting the intern and extern pelvic portions of the tumour. The patient, unfortunately, died a year later in the country from intestinal obstruction. Mr. Pringle then described the macro- and micro-scopical characters of the tumour and glands, and gave a short *résumé* of the literature of the subject, placing the growth in the class of monogerminal teratoid tumours as described by Borst. In conclusion, he pointed out the case differed from recorded cases in three particulars—(1) The late appearance of the tumour, most recorded tumours having been present at birth. (2) The comparatively simple structure of the growth. (3) The occurrence of metastases.

THE SECRETARY (Professor A. H. White) recalled a case of a tumour in the same region which supported the view that such tumours were parasitic. It was from a girl of sixteen or seventeen. A tumour which had been small suddenly took on rapid growth, and contained portions that were typically cancerous, and others that were typically like round-celled sarcoma, besides almost every fully formed tissue that could possibly be found. In the case shown by Dr. Pringle the structure of the tumour was much less complex.

MR. GUNN cited a couple of cases of similar tumours.

DR. PRINGLE replied.

Cerebro-Spinal Meningitis.

DR. HARVEY exhibited slides from a case of cerebro-spinal meningitis—a girl, aged ten. She had been perfectly well on the morning of the previous Monday. While swallowing a piece of liver she choked, and, not getting much relief, she was brought to hospital. There she developed great tenderness down the spine. She passed into a comatose condition; her eyes were open, but there was no cornea reflex. She died the same night. Next morning he drew off some fluid by lumbar puncture. The slides which he had prepared show a diplococcus in great numbers, even in the original fluid, and outside the cell. They were distinctly non-Gram staining. One of the slides showed a capsule round the cocci—which was said not to exist.

PROFESSOR WHITE observed that the cocci shown were all stained much in the same way. In those which he himself had got the irregularity of the staining was most pronounced, some taking it deeply, others only slightly. The regularity in Dr. Harvey's specimens was probably due to the early stage at which

the patient had died. With regard to the cocci which exhibited capsules, he had found the same in some of the organisms which he had got from certain cases this year. Weichselbaum and his school denied absolutely the existence of a round capsule in his coccus ; but Jäger, who had considerable experience, stated that capsules were frequently seen. Between the supporters of the two there was considerable strife, both on that point and also as to whether the organisms were always negative to Gram. The former school say that those which were positive to Gram were not the specific organism at all. He mentioned the fact that sub-cultures of an apparently pure non-Gram staining organism became Gram-staining as showing that the question of staining was not yet settled.

DR. DAY asked if there was any history of discharge from the nose in the case. He had found it in all cases except one, and Continental observers had reported a diplococcus found in swabs taken from fifty per cent. of cases.

MR. GUNN said he had seen the child in hospital, and no history of discharge could be obtained. He was inclined to think she had been ill for a longer period than the parents made out, and that the choking was probably some defect of swallowing. About an hour and a half before death there were five or six fairly typical spots on the child's limbs. After death he saw the body almost covered with them.

DR. HARVEY, in reply, said the preparation to which Professor White had referred as showing regularity in staining had been made from the original fluid ; but on making some more that day he had noticed great irregularity in the staining ; and the appearance of diplococci apparently much larger than the other cocci gave him the idea that the cocci had swollen out.

FORMALIN FOR SWEATING.

EXCESSIVE sweating of the palms, feet, and axillæ is not infrequently met with in anæmic individuals, and is a most troublesome symptom. Bathing the affected parts with a sponge wrung out of very hot water, and applying immediately afterwards a five per cent. lotion of formalin may be tried. After the latter a dusting powder of chalk, alum, and starch, in the proportion of one, two, and three, may be shaken on. Constitutional treatment with iron and strychnin is nearly always indicated in addition. One gratifying result of the formalin treatment is that the drug is such a good deodoriser.—*The Hospital*, June 22, 1907.