SARCOMA OF THE SPHENOID BONE.

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A MALE, aged twenty-five, from whom this sarcomatous tumour originating in the sphenoid bone was removed, was admitted into the City of Dublin Hospital, on October 18th, 1897. His previous history told, and his present condition demonstrated, that he had suffered from inflammation of his right middle ear, consequent upon which he had perforation of his tympanum, and some discharge; he had slight facial paralysis, accompanied with a "scalding" pain in the right side of the face; he had tenderness and pain over his right mastoid region; some rigidity of his masseter muscles; there was no vomiting, no unsteadiness of his gait; there was no eye trouble, nor did examination reveal anything abnormal in his eyes. Mr. Wheeler trephined this patient by his own operation, in December, 1897, opening the mastoid cells, the tympanum, and exposing the dura mater, at the upper arc of the trephine circle, which allowed the temporal lobe to be explored. The patient recovered rapidly and progressed to convalescence, feeling much relieved from the pain. The discharge ceased, and there was less contraction of his masseter muscles, the scalding pains in his right face were very much lessened, but the facial paralysis remained unaltered.

In February, 1898, the scalding feeling and pain again troubled him. His masseter muscles again became rigid and contracted, and he now complained of pain in the temporal region anterior and on a level with the superior margin of his ear. The history of his case told that he had received an injury in this situation by a brick falling upon his head, while he was following his occupation as a carpenter in an unfinished house. The possibility of a cerebellar

abscess was thought of, but there was not sufficient evidence to verify such a conclusion. There was nothing that could be found by ophthalmic examination to indicate tumour of the brain; his eyes were normal. He was trephined (by Mr. Wheeler) over the seat of his pain upon March 3rd, 1898. A careful examination was followed by a negative result; the man expressed himself much relieved from his pain, which had been acute; he lived until March 8th, and apparently died of pressure on the region of the medulla.

An examination was made, and a rounded nodular tumour was seen bulging into the middle fossa on the right side, extending into the sphenoidal fissure, and posteriorly to the petrous portion of the temporal bone for about $1\frac{1}{2}$ inches, its superior surface being on a level with the anterior-clinoid process; continuing inwards it occupied the space between the anterior and the posterior clinoid process of the right side, extending beyond the middle line; posteriorly a nodule could be seen lying under the fifth nerve, and internally to this a large nodule encircling the sixth nerve as it passes the dura mater; the carotid arteries were surrounded by this growth, and the third nerve passed into it. The tumour was of vast extent, pressing into the ethmoid bone in front, and into the pterygoid regions on the right side, behind it involved the basilar process of the occipital bone and the occipito-atlantoid joints. The specimen was interesting, taking into consideration the absence of all eye trouble, notwithstanding that the third, fourth, fifth, and sixth nerves passed through the tumour. Two days before the operation of March 3rd this patient walked about the ward and sat in a chair for two hours.

DR. E. J. McWEENEY said he had made a microscopic examination on the tumour; the tumour consisted of sarcoma tissue, partly round and partly spindle-celled. There was rather a curious appearance, due to the presence in the tumour of bands of very tough, almost hyaline connective tissue, which cut up the sarcoma in places into alveolar-looking masses which almost suggested a cancer. The tumour was sarcomatous in nature. He thought, on the whole, that the strands were dura matral, tough and degenerate, and separated from each other by the cells of the tumour.

MR. T. MYLES asked if any of the physicians present could tell

him whether it is ever possible to make an accurate diagnosis of cerebral tumour. As to the surgical side the diagnosis is extremely difficult. He had a good while ago seen a case in Steevens' Hospital with obscure nervous symptoms. A great many medical men thought that the case coincided with Professor Charcot's description of disseminated sclerosis. *Post-mortem* examination soon afterwards disclosed a cerebellar tumour without any disseminated sclerosis.