Case of Congenital Fungus Hæmatodes. By J. H. FLINT, M.D.

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DECEMBER, 27th, 1819.—I was called to G.'s child, three weeks old. On dressing the child the day previous, the mother discovered, for the first time, a tumour on the posterior part of the head, the size of a pullets egg, circumscribed and evidently containing a fluid. There was no discoloration of the skin, or appearance of inflammation either in the tumour or contiguous parts, but when compressed produced symptoms of extreme pain. There were no circumstances connected with the history of this case to account for the sudden appearance of the tumour. I attended the mother in parturition. The labour was natural, and the child was of ordinary size, and appeared healthy. Within a few days, however, notwithstanding the nurse had taken the precaution to have the meconium well purged off, the bowels became painfully disordered, and the mouth was covered with aphthæ. By the use of mild medicines the thrush disappeared, and the bowels were better; still, at times, the child seemed to suffer great pain and was obviously declining. At this juncture the tumour was discovered, and that it was suddenly formed, there can be no doubt, else it could not have escaped the observation of the nurse. Taking into consideration the above circumstances, the absence of inflammation, and the certainty that the tumour contained a fluid, I suspected it to be an aneurism of the anastomosing branches of the occipital artery, and accordingly directed steady and continued pressure, and if inflammation succeeded, to substitute fomentations and an emollient poultice.

30th. I saw the child again. The tumour had increased in size, and on examining closely its point, I observed the skin to have become very thin, and a small red spot denoted that the contents would soon find their way through. This event I anticipated by making a puncture with the point of a lancet. As I had apprehended, blood flowed from the puncture and the tumour was considerably diminished in size. In a few minutes it ceased to bleed; when I brought the lips of the wound together, and directed again to compression on the body of the tumour. It continued, however, to bleed, at intervals through the day and at night—the child was so much exhausted by the hæmorrhage that I was summoned to suppress it. After removing the dressings, I secured the puncture, as I thought, by su-

ture and made strong compression on the tumour and trunk of the occipital artery. These means were ineffectual, the hæmorrhage continued, and the second day after, the child died.

Dissection.

On laying off the scalp, the tumour presented itself, a dense conglomulum of blood, covering the occipital bone and thinly spread beneath the membranous expansion of the occipito-frontalis muscle—on raising the membrane and tumour, I found the pericranium denuded to the size of a cent, in the middle of the occipital bone, and the bone itself rough and spongy. Examining it more attentively, I discovered several small apertures longitudinal in the diseased bone, directly at the point where the sinus separates to form the lateral sinuses, and immediately under the base of the tumour, through which blood was made to flow freely by compressing the head. From these appearances it may be inferred,

That there existed disease of the bone before the formation of the tumour, and

That the tumour was supplied with blood through the apertures in the occipital bone, from the sinuses of the brain. I confess myself wholly at a loss to account for this disease, and as I do not believe it to have been the consequence of local injury sustained at birth, or afterwards, I have considered it a case of what Boyer terms Congenital fungus hæmatodes.

NOTE.—I regret exceedingly that I was not prepared to remove the diseased bone, as it would have enabled me to have carried my examination within the skull, and would have led, probably, to the discovery of the origin of the disease.

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