ered from the fact, that if not the seat of a chronic hyperplasia it would long ago have disappeared. Also the blind closure of the crypts lends itself readily to the formation of enclosed abscesses during the process of retrograde metamorphosis, when its resistance to infection is lessened. A small amount of tonsil tissue entirely concealed behind the anterior pillar and when seen innocent in appearance may be but the shell of such an abscess. On the other hand, it may lie deep in the space between the superior constrictor and the tonsil with only a small sinus tract communicating with the surface, so that the focal reaction is only manifest in the deep cervical lymphatics and pus may not be detected without grasping the glandular tissue with strong forceps.

The nasopharynx, now recognized as the beginning of the respiratory tract from peculiarities due to developmental processes or from injuries and its relation to the activity, as well as retrograde changes in the large lymphoid masses in the vault of the pharynx, and fauces, and from the large number of bacteria which it harbors, which may become pathogenic, is being found more often than formerly supposed to be the foci of many obscure general systemic conditions.

FRACTURE OF THE FIFTH METATARSAL BONE BY INVERSION OF THE FOOT.

BY WM. PEARCE COUES, M.D., POSTON.

ROBERT JONES¹ in 1902 was the first surgeon to recognize and describe this injury. Until his personal case and others reported by him were described, fracture of this metatarsal by indirect violence was supposed impossible.

Cotton and Sylvester² and Cotton³ added to our knowledge of this subject by reported cases in this JOURNAL in 1902 and 1906, six cases in all.

Cases have since been reported and the fracture is now given special reference in most modern surgeries. At the same time the fracture is little known generally, often unrecognized and even unheard of by surgeons not paying special attention to fractures, so that an additional case seems of interest to report.

Mrs. R. D., 50 years, weight 167 pounds, was seen August 2, 1912. The history, which is typical of this injury, was as follows:—

While walking in some meadow land this morning the left foot slipped in a slight hollow. The foot was inverted, and the patient for a brief period bore the weight of her body on the inverted foot. There was immediate pain and disability, though not extreme. The patient walked with difficulty. Examination that afternoon showed the following:—

A well developed and nourished, rather stout woman. The dorsum of the left foot is slightly swollen, but the swelling does not extend to the malleoli. There is no synovitis demonstrable, and

no ecchymosis. Examination of the tibia and fibula regions show nothing abnormal. Weight bearing on the injured foot is possible but extremely painful. Palpation over the base of the fifth metatarsal bone is very painful. No crepitus or abnormal mobility found. Foot partially immobilized temporarily, and rested in pillow splint. The x-ray showed a fracture of the base of the fifth metatarsal, almost transverse, with no displacement. Foot put up in plaster. Crutches. August 22, plaster removed. Slight callus only. Crepitus plainly felt for the first time. Uneventful recovery from injury.

Mechanism of the Fracture.—The foot is inverted with the heel off the ground, as pointed out by Jones. The body weight is momentarily supported by the foot in its cross diameter, bringing a great cross strain on the lowest or fifth metatarsal bone.

Importance of the Recognition of the Fracture.—The manner of the accident, precisely that of most sprains, will lead to that diagnosis, particularly if there is nothing found in the tibia or fibula regions. Careful examination of the metatarsal regions should be made. Exquisite pain on only moderate pressure upon the base of the fifth metatarsal is pathognomonic of the injury. The treatment calls for no unusual methods. The diagnosis of the injury from sprained ankle is the important point.

REFERENCES.

- ¹ Jones, Robert: *Annals of Surgery*, 1902. Vol. xxxv, No. 6.
- ² Cotton and Sylvester: *Boston Med. and Surg. Jour.*, Vol. cxlix, No. 27, p. 735.
- ³ Cotton, F. J.: *Boston Med. and Surg. Jour.*, Vol. clv, No. 9, p. 229.

BRAIN TUMOR. OPERATION. AUTOPSY FINDINGS.

BY E. D. BOND, M.D., AND A. H. PEABODY, M.D.,

Danvers State Hospital Contributions, No. xxvi.

TWO CASES.

IN the records of the one hundred autopsies just completed at the Danvers State Hospital, 1501-1600, appear two cases of cerebral tumor upon whom operations were done at Boston hospitals. One a glioma, one a melanotic sarcoma, they illustrate difficulties of localization and present an interesting contrast in accompanying mental states.

AUTOPSY 1588. Married woman, white, age 42. At 39 she had three operations for the removal of a small tumor "just under the right scapula." The pathologist's report on the material from the last operation at the Massachusetts General Hospital was "Rapidly growing carcinoma." At 41 a hard irregular lump was removed from the margin of the right breast. Surgical diagnosis, "Melanotic sarcoma"; pathologist's report, "Tuberculosis or cancer." Examination of the left breast at this time disclosed a soft, fluctuant, movable tumor.

Seven months after this last operation she began to suffer from severe headaches, impairment of eyesight, slight nausea. Twelve months after, she entered the Massachusetts General Hospital showing