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The President, DR. JOSEPH W. COURTNEY, in the Chair

TWO CASES OF CEREBELLO-PONTINE ANGLE TUMOR WITH DEMONSTRATION OF PATHOLOGICAL MATERIAL

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Dr. Ayer showed a brain and the photographs in a second case and discussed briefly the clinical manifestations in these two cases, in which the correct diagnosis had not been made previous to death. Postmortem examinations showed in both cases a large cerebello-pontine tumor. The appearances of the brain in the one case and the photographic reproduction in the other were almost identical.

The first case presented herself for deafness, which examination showed to be a nerve deafness. This deafness had come on suddenly three years previously. There had been no history of other cranial nerve involvement and at the time of examination there was no evidence of any other cranial nerve lesion; there were no abnormal reflexes. There was found to be a moderate blurring of the optic discs and the patient had been suffering from defective vision. A subtemporal decompression was done, with the idea of relieving intracranial pressure on the assumption that there was a brain tumor. The patient had died in about ten days from a hemorrhage into the area of operation.

The pathological finding was a large cerebello-pontine tumor which had distorted the pons and medulla and had pushed the cerebellum down. There was distinct atrophy of the last named. Microscopic examination of the tumor showed it to be made up of fibrous tissue, young neuroglia and myelin sheath fibers. The fifth nerve was markedly elongated and stretched to paper thinness. But despite the distortion of this nerve, there had been no sensory disturbances referred to the nerve abnormality.

The second case was that of a man who had been deaf for about twenty years, which deafness proved on examination to be a nerve deafness. He showed no other cranial nerve involvement save a choked disc. There had been some dizziness and headache ten months previous but those symptoms had not been noticed for about nine months. Again, a subtemporal decompression was done and with striking relief. This patient also died from a hemorrhage into the area of operation.

The pathological finding was almost identical with the preceding case, a large cerebello-pontine tumor. Since the brain had been removed but two days before, the microscopic study of the tumor had not been done.