

patient's discharge, shown no symptoms of causing any trouble. The man has not been heard of at the infirmary since his discharge in a mood far from penitent.

### SHEFFIELD GENERAL INFIRMARY.

#### A SERIES OF UNCOMMON GROWTHS.

(Under the care of Messrs. FAVELL and A. JACKSON.)

FOR the following notes we are indebted to Mr. Charles Atkin, house-surgeon.

**CASE 1. Congenital Coccygeal Tumour; Removal; Death; Necropsy.**—M. L—, aged four months, was brought to the infirmary for a swelling of the upper part and right side of the buttock. The lump was noticed at birth, and it was doubtful whether it had increased at all since, but the parents wished something to be done if possible, as they imagined it interfered with the well-being of the child. The father is phthisical; the mother, strong and healthy, gives a history of fright and a fall whilst pregnant with the child, which at its birth had "convulsions." Up to the present it, however, had only suffered from sleeplessness and gastric disturbances. On examination a semi-solid mass the size of a small orange was found protruding from the right side of the sacrum; it apparently increased in size on crying; the skin over it was adherent, nœvoid, and puckered; it involved the coccyx, no extremity being detected. On the left side of the middle line the sacrum was entirely wanting, and the movement of the abdominal contents could easily be detected when the child cried. Double equino varus was also present. Mr. Jackson determined to explore it; so a small incision was made on the most solid portion of the swelling and the skin carefully dissected away. On the growth being removed, it was discovered that the rectum lay uncovered beneath. The tumour was then seen to consist of a mass of lobules, chiefly of hard dense fat bound together by connective tissue; interspersed were small cartilaginous masses, and one or two cysts about the size of a pea, containing opaque pale-green fluid, which under the microscope showed nothing but epithelial and cellular debris. The child progressed favourably for three days, taking the breast well, and then, unaccountably, rapidly failed and sank. At the autopsy the remains of a tumour were found attached by a pedicle to the right half of the sacrum; the left side was deficient, being only represented by a fibrous band. The growth did not encroach on the anterior surface; there was no meningitis, and the organs were healthy. Microscopically, the greater portion of the tumour removed was found to consist of fat and bundles of wavy fibrous tissue; the arteries were numerous and well formed; masses of hyaline cartilage, of most irregular shapes, were embedded in fibrous tissue; there were cysts, with thin regularly concentric walls, filled with semi-transparent yellowish granular material; and, most curious of all, transverse sections of what appeared to be well-made ducts lined with nucleated columnar-celled epithelium. These ducts were closely aggregated together in a mass of fibrous tissue; in some the epithelium was so well developed that it completely filled up the lumen of the tube, and gave the appearance of a rosette, a central axis with radiating spokes; in others the cells had shrunk from the walls towards the centre; in others, again, the cells were absent, no doubt washed away in the process of mounting. In no place was there any trace of sarcomatous or carcinoma cells, or any arrangement of tissue or cells at all resembling them. There was no trace of any bony tissue or hairs.

**CASE 2. Epithelioma of the Ear, involving the Facial Nerve.**—T. H—, aged seventy-seven, was admitted into the infirmary in a very debilitated condition. His previous history had been very good; never had syphilis or any serious illness; no history of cancer in the family. Had noticed a wart on his left ear for the last five years, which used to bleed when it was knocked or rubbed by his hat. He went to a quack, who cauterised it with some strong acid twelve months ago; the wart never returned, but the sore thereby induced never healed. It has gradually increased in size, and occasionally bleeds very violently, especially after a fit of coughing. On examination the whole of the pinna was found to have been replaced by a mass of ulcerating new growth; the edges were raised, everted slightly, and indurated; the neighbouring skin, especially about the mastoid region, was dusky red and brawny, evidently infiltrated with new growth. The discharge consisted of sanious

pus, foul smelling, but not very profuse. Under the microscope epithelioid cells were found. On the whole there were well-marked evidences of "new growth," though so much ulceration was present. There were also inability to close the eye, falling of the angle of the mouth, deviation of the tongue to the left on protrusion, all tending to show that the infiltration had reached and invaded the facial nerve. He was also completely deaf on the left side. The case having evidently gone too far for operation, he was kept in and watched, for some months he lingered, ultimately dying of exhaustion, partly induced by extensive bedsores which he had acquired previous to his entry into the infirmary. Microscopic sections of the growth showed it to be a typical epithelioma.

**CASE 3. Congenital Sublingual Dermoid Cyst; Operation; Recovery.**—E. O—, a girl of seventeen, applied at the infirmary with a swelling underneath her tongue as large as a small orange; it filled her mouth, nearly completely forcing the tongue up against the palate, so that she could not possibly swallow solids. She was otherwise healthy, and stated that she had always a small lump there as long as she could remember, but that it had only increased in size the last nine months. She had already been under a medical man, who had first treated it with a seton and then incised it; but it had returned and increased beyond its former bulk. On seizing the front portion of it with forceps and snipping away a considerable part of the anterior wall, a large quantity of thick sebaceous matter presented itself, in which hairs were intermixed. The wound rapidly contracted and healed, and there has been no return, nine months after.

**CASE 4. Large Epithelioma of the Lower Lip in a Female; Operation; no Recurrence a year later.**—R. W—, aged thirty-seven, stated that she was married, no children, always been very strong and healthy, and knew of no "lumps or sores" in the family. Ten months ago she first noticed something wrong with her lower lip; a pimple formed at the edge, then a crack, which continually scabbed over. On examination, the edge of the lower lip was found to consist of a dirty, dark, discharging ulcer, extending from the median line to the angle of the mouth on the right side. Below it the skin was hard, tender, dark-red, and irregularly raised, extending two inches and a half downwards and outwards; in fact, the ulcer and infiltrated skin comprised the whole distance from the edge of the lip to the lower border of the jaw, and behind to the anterior edge of the masseter muscle. In appearance she was stout and plethoric-looking. She had no sharp bad teeth, no mole on the lower lip, though there was on the upper. She can assign no cause, as she has never irritated her lips. The ulcer and neighbouring skin were completely removed by Mr. Favell, the parts coming together only at the expense of the size of her mouth; however, healing took place perfectly, and though her mouth was very much diminished in size, she went out very well satisfied with her personal appearance. It is now exactly twelve months ago since the operation, and there has been no recurrence of the disease. Under the microscope the specimen is seen to be a perfect one of epithelioma.

**CASE 5. Scirrhus of the Prostate Gland; Suppression of Urine; Death; Necropsy.**—W. S—, aged sixty-nine, was admitted with hæmaturia. He was remarkably hale and active for his age, with plenty of colour, and stated that he had always been a very sober and healthy man. His father and mother had both died at a very advanced age. Six or seven months ago he noticed that his water scalded him and was tinged with blood. On admission he complained of pain at the end of the penis and in the perineum, especially when he had his bowels moved. Riding and jolting had not been noticed to increase the pain, which was very severe, however, during micturition. The stream of urine never stopped suddenly. Never passed any gravel, but occasionally clots. Never remembers any matter or slime coming away from him. He stated that he had got much thinner and weaker lately. Examination with the sound yielded no results, nor did microscopical examination of the urine. By the rectum the prostate was detected to be increased in size, and was evidently very tender. For some time he was treated with astringents, and enjoined rest in bed; he apparently improved, till one day he found he could not pass any urine. A catheter was passed, but only a few drops came away; this state of things happened each day; percussion and palpation, as well as sounding the bladder, showed that it was always more or less

empty. However, he gradually got weaker; and though the temperature was normal and the pulse slightly accelerated, he only complained of thirst, and protruded a dry brown tongue. He had no uræmic symptoms, so-called, no twitchings, delusions, or coma, and was quite sensible up to his death, which seemed to occur simply from asthenia. At the post-mortem examination the bladder was found empty, with thickened walls, but no pouches or evidences of cystitis. The ureters were slightly dilated; the kidneys large and pale, but otherwise healthy; the prostate was enlarged to three or four times its usual size, the growth, however, not interfering with the patency of the urethra. On section it presented unmistakable appearances of new growth, being firm in parts, fibrous, and of a yellowish-white colour. There was no ulceration of the mucous membrane. Microscopically it presented the arrangement of a scirrhus carcinoma.

## Medical Societies.

### PATHOLOGICAL SOCIETY OF LONDON.

*Tumour of Brain.—Malignant Disease of Bones in a Child.—Sarcoma of Lung and Brain.—Primary Carcinoma of Liver.—Hypertrophied Callus of Tibia and Fibula.—Chronic Cerebro-spinal Meningitis.—Actinomycosis.—Typhoid Fever in Animals.*

THE last meeting but one of the present session of this Society took place on Tuesday last, Dr. H. Charlton Bastian, F.R.S., Vice-President, in the chair. The proceedings were of a very interesting character, and good discussions followed the reading of most of the papers. The specimens of actinomycosis showed by Mr. Shattock prove that the disease, though but recently recognised, is certainly not new, seeing that the specimens exhibited were at least a quarter of a century old. The specimen of hypertrophied callus shown by Mr. Bilton Pollard was remarked upon as one of an exceedingly rare kind, and on the motion of Mr. Butlin the specimen was referred to the Morbid Growths Committee for special report.

Dr. CHARLEWOOD TURNER showed a Cerebral Tumour, situate in the fourth ventricle, with a secondary deposit on the posterior surface of the cord, and with lesions of the posterior columns of the cord. The specimen was taken from a girl aged fifteen, who had had symptoms of cerebral tumour for nine months; amaurosis had been noted for two months; vomiting, headache, and pain in the left leg and side were present, and also double optic neuritis. The pupils were widely dilated, but active. There was slight paresis of the left side, but no loss of sensation. The deep reflexes were absent. The superficial reflexes were active. The intellect was unaffected. Paralysis of the left side of the face, followed by an epileptiform attack, ushered in death. A soft sarcomatous growth was found filling up the fourth ventricle, from the walls of which it appeared to have grown, invading the cerebellum and medulla oblongata. Microscopical examination showed much exudation in the posterior columns of the cord. The greater liability of the posterior surface of the cord to be affected with new growths was commented on. The limitation of the spinal lesion to the posterior columns in this case, and the occurrence of early sclerosis of the same columns, were regarded as illustrating the especial liability of these columns of the cord to be the seat of pathological lesions. This afforded an explanation of the frequency of locomotor ataxy as compared with the symptoms referable to primary lesion of other tracts of the cord. The occurrence of cases where the characteristic symptoms of locomotor ataxy are independent of spinal lesion is not inconsistent with the general conclusions from an investigation of thirty years. They prove that these symptoms are not essentially spinal. Symptoms due to lesion of centripetal fibres of the posterior columns result most frequently from interference at the least protected part. There were no facts to show that there is a greater liability for this to occur in the brain, and no evidence of a cerebral lesion in cases of ataxy in general to which the posterior sclerosis could be regarded as secondary.

Dr. NORMAN MOORE exhibited a specimen of Sarcoma of Bones and Viscera in an Infant. The specimens were

taken from a boy aged one year and a half, who died in St. Bartholomew's Hospital in one of Dr. Gee's wards. The whole anterior part and most of the base of the skull were infiltrated with huge masses of a tough reddish new growth, which microscopic sections showed to be a round-celled sarcoma. Many other bones were infiltrated. The ten upper left ribs and nine lower right ribs, the whole pelvis, and both femora were infiltrated, and had upon them many bosses of the sarcoma. All the lumbar and cervical glands, the right lobe of the liver, and the right suprarenal body contained masses of the new growth. The case began with pain in the right hip in October, 1884. In December a swelling was noticed over the eye. This was rapidly succeeded by swellings on other parts of the skull. Both eyes were extremely depressed, and the corneæ sloughed away. The growth increased very fast, and the child died on March 3rd, 1885.

Dr. DYCE DUCKWORTH showed specimens of Sarcoma of the Lung and Brain. The case was that of a man aged fifty-two, who was admitted into St. Bartholomew's Hospital in February, 1885. At Christmas last a left hemiplegia developed after an apoplectiform attack. The early symptoms of the lung disease were cough with copious expectoration. There was impaired expansion of the right side of the chest, with dulness over the lower half of the right side, where the vocal fremitus was absent, and the breathing was very weak. Weakness, pain in the chest, and cough, with hæmoptysis, were the symptoms prior to admission. There was slight fever. Death followed eight days after admission into the hospital. In the corpus striatum of the right side was a pinkish velvety mass about the size of a hazel nut, and many similar nodules were found in the roof of the lateral ventricles and elsewhere. A new growth penetrated the right lung, apparently commencing at the root of the organ; the growth followed the course of the bronchi, but did not find its way through the mucous membrane of the tubes, and remained entirely outside the bronchi. There were about six nodules in the liver and one in the pancreas. The growth was a round-celled sarcoma. He had not found any similar case on record in the Society's Transactions.—Dr. CHARLTON BASTIAN asked what was the condition of the temperature.—Dr. NORMAN MOORE said that the temperature chart showed a general rise in the evening to about 101° F.; occasionally the temperature was 103°. He thought that Dr. Duckworth's case was a most interesting one.—Dr. ORMEROD spoke of the means of distinguishing between the hemiplegia resulting from a tumour and that resulting from vascular disease; if optic neuritis were present, then a tumour might be diagnosed.—Dr. DYCE DUCKWORTH said that the case had not been diagnosed during life. The eyes had not been examined.

Mr. PAUL showed a group of specimens of Primary Tumours of the Liver. These specimens represented good types of the different varieties of epithelial new growths of the liver. The first specimen was taken from a woman aged forty-four; there was a bright-green-coloured nodule, encapsuled and attached to a large branch of the portal canal in the centre of the liver. In the midst of the growth was some inspissated material of a green colour. This tumour was an innocent growth of glandular type. The remainder of the liver was cirrhotic in character. The second specimen was removed from a woman aged fifty who died of pleuritic effusion. The liver was in a state of red atrophy, with fatty infiltration. Several white nodules, not encapsuled nor differentiated from the surrounding tissue, were composed entirely of liver tissue. The cells had a trabecular arrangement, and they had a luxuriant growth, and the capillaries were not largely dilated, as they were in the remainder of the atrophied liver. The next specimen was one of primary carcinoma of the liver, which had also a green colour. It was removed from the body of a Scotchman aged sixty-nine; there was no emaciation. Malaise followed by jaundice and ascites, with rapid death from exhaustion, were the chief clinical features. The growth had spread into the portal vein, and the liver weighed 110 ounces, and was very large. The tumour was soft and diffuent, and of a bright-green colour. There were no secondary growths. The dark-green inspissated material was apparently secreted by the cells of the carcinoma. The hepatic character of the cells was commented on. The fourth case was one of scirrhus and cirrhosis of the liver. The fifth case was that of a woman aged forty-eight, who had had jaundice and ascites with hæmorrhage into the peritoneum. The new growth was of a green and yellow colour, and extended