

the logical conclusion would be that in the absence of any other primary tumor-focus this case will have to be interpreted as one of primary sarcoma of the pancreas.

On account of this very unusual location of the sarcoma, it was concluded that the case merited the forgoing brief report.

LIPOMA DEVELOPED IN THE UPPER END OF THE SEMITENDINOSUS MUSCLE.

Read before the Chicago Pathological Society, June 8, 1896.

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This specimen is presented, not because of its being a lipoma, but since it is interesting from its location and considerable size. There is no clinic history of the case and the tumor was discovered accidentally in a subject in the dissecting room of Rush Medical College during the winter of 1893. A student called my attention to a swelling in the upper and posterior part of the thigh of a male subject, which he had not noticed until after the removal of the integument. As it appeared with the covering of fasciæ an abscess was suspected. There was a sensation on palpation suggesting fluctuation, which was felt transversely through the tumor, but not in the vertical direction. On dissecting down to the tumor it was found to be located in the semitendinous muscle at its upper end, extending from the insertion of the tendon to the tuberosity of the ischium downward. The muscle separated easily and naturally from the surrounding structures. The tumor was oblong, five inches long and three inches in diameter transversely at the center. Its surface was smooth and even, and covered everywhere by the fibers of the tendon and muscle, which had been uniformly spread out over the surface. On section it was found to be a lobulated lipoma. A small calcareous nodule was located in the upper part at some distance from the bone. Ziegler (*Lehrbuch der Speciellen Pathologischen Anatomie*, Jena, 1890) places lipoma of muscles among the uncommon tumors. Sutton (*Tumors, Innocent and Malignant*, 1893, Philadelphia) says that many examples of fatty tumors occurring in the midst of muscles have been reported and are of interest from the trouble they cause in diagnosis. He says they have been found in the deltoid, biceps, humerus, complexus and rectus abdominalis, in the muscular tissue of the heart and in the middle of a submucous myoma of the uterus. Senn (*The Pathology and Surgical Treatment of Tumors*, 1895, Philadelphia) says that lipoma inside the tendon sheath springs from the adipose tissue of the mesotendon, and that it usually develops as a multiple tumor which presents an arborescent appearance and is easily mistaken for tuberculosis of the tendon sheath and for flexiform neuroma. The present instance does not correspond to the variety described by Senn, and does not differ in its appearance from a lobulated lipoma in the subcutaneous tissues. From its deep location and the sensation of fluctuation imparted to the fingers on palpation, it might readily have been mistaken during life for an abscess.

Chair of Massage.—The *Progrès Méd.* mentions as a fact unique in Europe that the University of Berlin has created a professorship of massage and orthopedia.

THE DEGENERATE JAWS AND TEETH.

Read in the Section on Neurology and Medical Jurisprudence, at the Forty-seventh Annual Meeting of American Medical Association, held at Atlanta, Ga., May 5-8, 1896.

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(Concluded from page 1202.)

Modification of the V-shaped arch results from modification of the above named conditions. A difference in the time of eruption of the cuspids, everything else being equal, effects a difference in the space left for their accommodation and thus partial V-shaped arches (Fig. 55) are found. The keystone, the cuspid, is not entirely outside or inside of the arch in the partial V-shaped form, but may appear partially crowded out of place. Hence, the arch is neither a normal curve nor wholly angular, but unites the characteristics of both. Its lateral diameter is less than that of the normal arch, giving a contracted

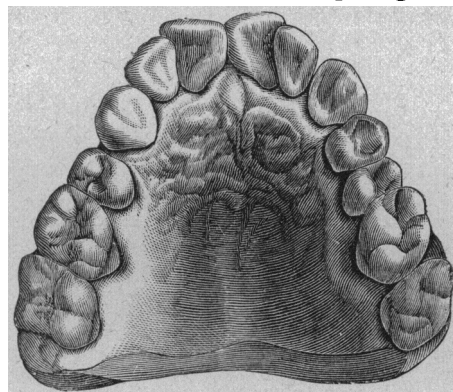


Figure 55.

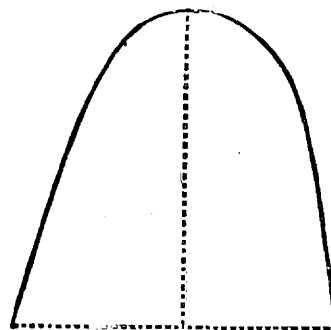


Figure 55.

appearance. Thus a number of varieties of the fundamental forms of the V-shaped arch are formed differing in degrees of anterior contraction. All of these result from the comparative thinness of the anterior portion of the process offering but little resistance, an abnormal pressure from behind, and the greater strength of the cuspids which cause them to seek room irrespective of the space left for them. When one side of the process near the symphysis is the stronger, thus affording greater resistance, or the pressure from the cuspid is less, that side may maintain its normal relations, while the other may give way to conditions resulting in a V-shaped contraction. The curve will then be broken not at the apex of the triangle, but near it, the incisors will overlap, and when pressure from the cuspid acts on the weaker column it must give way. This results in the semi-V-shaped form (Fig. 56). When the permanent bicuspid erupt under a favorable condition, so that their greatest diameter is in a line with the greatest