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princeps : Hutchinson (maladie de)**

**ABERCROMBIE, J. - Multiple
sarcomata of cranial bones**

*In : Transactions of the Pathological Society of
London, 1880, Vol. 31, p. 216*

relaxed and flaccid, this eversion of the limb is seen to be a condition impressed upon it by the original injury itself, owing to the crushing up of the posterior portion of the neck of the femur, whilst it is maintained by the impaction of the fragments and the inclination and weight of the bone. *December 16th, 1879.*

4. *Specimen of a recent dislocation of the first phalanx of the thumb forwards.*

By FREDERIC S. EVE.

THE specimen was taken from the body of a man, who was killed by the fall of an archway upon him. The first phalanx of the thumb was dislocated forwards and rested upon the anterior surface of the head of the metacarpal bone. The posterior portion of the capsule of the joint was completely torn across.

After the dissection was completed the dislocation was readily reduced by extension.

In vol. iv, p. 250 of the Society's 'Transactions,' there is an account of a similar case by Mr. J. Wood, in which the metacarpal bone was fractured.

The specimen is preserved in the museum of St. Bartholomew's Hospital, S. iii, No. 150. *January 20th, 1880.*

5. *Multiple sarcomata of cranial bones.*

By JOHN ABERCROMBIE, M.D.

SARAH R—, æt. 3 years and 11 months, was admitted into the Hospital for Sick Children, December 17th, 1878, under Dr. Gee. The following history was obtained from the mother:

Her illness commenced about three months ago with pains in stomach and back, bowels rather confined, no vomiting, anorexia. Is losing flesh, sleeps pretty well, but has cramps in her left leg

at night. Eyelids have been inclined to swell. A lump has been noticed to be forming on her head during the last six weeks. Does not complain of anything particular. Bowels regular now. Had measles when fifteen months old. No other illness. Five other children healthy. One died seven months old. Mother has had one miscarriage. Parents healthy, no phthisis on either side.

On admission.—Extremely pale, not well nourished. A small swelling, about the diameter of a shilling, over right parietal region, not tender. Glands enlarged in left side of neck. Tongue clean. Pulse 140, regular. No increase of cardiac dulness. Heart sounds natural. A little rhonchus over both backs, no dulness. Spleen not felt. A lump can be felt in left iliac fossa, movable, a little tender (?) an enlarged gland. Examination of blood shows diminution in number of the corpuscles, but no marked increase of white.

December 31st.—A little evening rise of temperature lately. Does not take her food so well. Tongue thickly furred. Extremely pallid, eyelids somewhat swollen. Soft prolongation of first sound of heart at left base.

January 23rd.—Examination of eyes by Dr. Gunn. Slight hypermetropia ($\frac{1}{4}$). Yellow spot surrounded by a white circle, in the centre of which is a red spot. Disc somewhat hazy, not pale. Vessels near the disc seem to be covered by a sort of sheen. Both eyes alike.

29th.—Temperature irregular, varying from 97° to 100°. Lump in left iliac fossa about the same. A small lump can be felt in right iliac fossa.

February 10th.—A few days ago left eyelids swelled up so much that she could not open her eye at all; this has gone down now, but there is a little swelling and tenderness of left cheek. Always extreme pallor. The nurse said she had a sort of convulsion last night.

14th.—The swelling in the right parietal region has enormously increased during the last few days, and now forms a hemispherical tumour measuring two and a half inches across; two incisions were made into it yesterday, but nothing but thin blood came away. Two other smaller swellings can be felt on left side of scalp. Veins on forehead more visible than natural. Blood examined; contains some granular matter, no increase of white corpuscles.

25th.—A few days ago it was discovered that she was quite

blind ; now both optic discs are swollen and their margins are very ill-defined. The swelling in right parietal region has not altered much ; that on left side is larger (about one fourth of the size of the other), and in front of it there is a smaller one. The lumps in the iliac fossæ have increased in size.

March 3rd.—Extreme cachectic appearance. All the swellings on the head have become larger. The superficial veins on the forehead are much dilated. Both eyeballs are unduly prominent, especially the right, eyelids a little swollen. Never complains of headache at all.

5th.—Some fever lately. Takes hardly any notice, but not absolutely unconscious. Optic neuritis very marked. Left angle of mouth a little longer than right.

7th.—Very restless, tears her hair out. Mouth distinctly drawn to left.

11.50 p.m.—Died.

Examination of body sixteen and a half hours after death.—Body not well nourished ; weight $22\frac{1}{2}$ lbs. Rigor mortis present.

Cranium.—On reflecting the scalp the skull presents the following appearance. A large, irregular, rounded swelling occupies the right parietal bone, extending to the middle line, and to within half an inch of the squamous portion of the temporal bone, from before backwards, and from side to side it measures five inches, and at its base the circumference is ten inches. Its surface is of a deep purple colour, with patches here and there, more or less yellow ; it presents several rounded projections on its surface, and is everywhere covered by the periosteum, except at the points where the punctures were made during life ; it feels elastic, and in places almost fluctuating. There is another tumour occupying the left parietal eminence ; it is rounded, irregular on the surface, and measures one and a half inch from before backwards and laterally. In front of it is an elongated tumour, measuring two inches in length and one inch across. Both of these tumours were felt during life. Besides these, there are many other slightly raised purple patches, varying in diameter from half an inch to one and a half inch. On examining the internal aspect of the vault of the cranium, it is seen that the inner plate of the skull-cap is perforated in all cases where the tumour had attained any considerable size, and that an adhesion has been formed with the dura mater ; corresponding to the lesser tumours in many places the inner plate

presents a honeycomb appearance. At the base of the skull deposits of the new growth were found in the following situations, viz. at the outermost portion of the posterior fossa near the basilar groove on each side, just in front of the base of the petrous bone on each side, at the most anterior and external part of the middle fossa on each side, and on the left side of the sella turcica in the region of the cavernous sinus. These tumours were all very soft, purple in colour, and connected with the subjacent bones. That near the left cavernous sinus had spread into the cavity of the orbit through the sphenoidal fissure. In this orbit another smaller tumour was found at its outer part. Another small tumour was found at the front part of the right orbital cavity. As above stated, the dura mater was adherent to these tumours wherever they made their way through the internal plate, but its lining membrane was everywhere smooth. The superior longitudinal sinus is filled with a firm, pale, non-adherent clot.

Brain.—Decided excess of fluid at base. Convulsions not flattened. In the left hemisphere the pia mater covering the præcuneus, and the anterior part of the occipital lobe (immediately behind the parietal lobule) is dotted all over with minute bright-red spots, and here a vein following along the external parieto-occipital fissure is filled with a pale non-adherent clot. Similar clots are found in a vein running along the fissure of Rolando, and another between the superior and middle frontal convolutions; the hemisphere feels very soft at the præcuneus, and a section here shows a tumour, about the size of a small marble, of purple colour, and surrounded by a patch of softening. On the surface of the right hemisphere the veins corresponding to those enumerated on the left side are found to contain firm, pale, non-adherent clots. The pia mater in the interpeduncular space is thickened and slightly opaque; there are no granulations, and there is no lymph along the course of the Sylvian arteries. The lateral ventricles are dilated, and contain some slightly turbid fluid; the commissures and central ganglia are natural, and the substance of the hemispheres is but little softer than natural. Cerebellum and pons Varolii and medulla natural. Spinal cord not examined.

Thorax.—In the centre of the second piece of the sternum is a slightly raised purple patch the size of a florin. At the corresponding point on the inner surface of the sternum is a similar patch; on section this presents similar characters to those of the

tumours of the skull. Some recent lymph over the surface of the lower lobe of the right lung, a little turbid fluid at this base.

Pleuræ elsewhere natural.

Heart and pericardium natural. Heart weighs 2 oz.

Lungs rather pale, and in places slightly emphysematous. Right lung weighs $6\frac{1}{2}$ oz. Left lung $5\frac{1}{4}$ oz.

Bronchial glands not enlarged.

On examining the inner surface of the ribs it is seen that every rib, without exception, on each side has been invaded by the new growth, and they present irregular purple swellings extending from the angle of the rib to its junction with the costal cartilage; in no instance is the periosteum anywhere perforated.

Abdomen.—Alimentary canal not examined.

Liver natural in size and consistence, weight 1 lb. 3 oz.

Spleen natural, weight 1 oz.

Kidneys natural, weight $4\frac{1}{2}$ oz.

Supra-renal bodies natural.

Mesenteric glands natural.

None of the viscera give the lardaceous reaction on being tested with iodine.

In the left lumbar region beneath the supra-renal body is found a greyish white firm mass, the size of a small walnut, having a fibrous aspect on section. In the right iliac fossa, lying against the brim of the pelvis, is found a swollen gland, purple externally, very soft on section, exuding a brick-red juice. In the left iliac fossa, starting from the brim of the pelvis, a chain of lymphatic glands can be traced up to a level with second lumbar vertebra, all swollen, and presenting an appearance similar to that of the gland in the right iliac fossa.

One of the growths in the skull was examined microscopically after being prepared in chromic acid and hydrochloric acid.

The growth was found to consist of small, mostly round cells, embedded in a scanty matrix, springing from the deeper layers of the periosteum and invading the bone.

That the tumour grew from the deeper layer of the periosteum was evident from the fact that bands of fibrous tissue could be seen passing down from the periosteum towards the bone. The lymphatic glands in the groins were found to be invaded by a similar small round-celled growth.

The chief points of interest in this case seem to be the escape of

the thoracic and abdominal viscera from secondary deposits, which are almost always found, according to the text-books; and next, the great extent of the bone lesions, nearly all the cranial bones, all the ribs, and the sternum being involved. Nov. 25th, 1879.

Report on Mr. Abercrombie's case of tumours of the vault of the skull, by the Morbid Growths Committee.

The specimen submitted to us for examination consists of the skull cap of a child. From the right parietal bone a large rounded and slightly lobulated tumour projects for about one and a half inch. Its base is about two and a half inches in diameter. On the left parietal bone are two tumours similar in appearance but much smaller, and scattered over the frontal, parietal, and upper part of the occipital bones are numerous smaller growths of the same kind projecting from the surface from one-tenth to one-sixteenth of an inch, in some parts looking like mere thickenings of the periosteum. On peeling of one of the smaller growths from the bone the compact tissue is found to be infiltrated by the tumour. The Haversian canals are enlarged and filled with a substance resembling the tumour to the naked eye. On the inner surface of the skull similar growths are seen between the dura mater and the bone. The largest of these corresponds with the large tumour externally. None of the other tumours seem to have completely perforated the skull. A mass of a similar growth, about one inch in diameter, is situated immediately behind the torcular Herophili, which, with the longitudinal sinus, is filled by a firm clot, evidently of some age. The serous surface of the dura mater was everywhere smooth and healthy. The inner table of the skull is worm eaten, and in parts deeply excavated opposite the growths on the dura mater. At the place where the large external tumour communicates with the corresponding internal growth the bone is not completely destroyed. In the area corresponding to the base of the tumour is a quantity of excessively spongy bone forming a layer much thicker than the normal skull. This is due apparently to partial destruction of the bone and separation of the remaining parts from each other by the growing tumour. The part of the tumour containing the spongy bone can readily be cut with a knife. Around the margin of the growth internally a very small quantity of new bone has been formed, but there seems to be no

true ossification of the tumour substance. All the other parts of the various growths are soft, and no bone can be detected in them by pricking them with a needle. The largest tumour is much blood stained. Sections were taken for microscopic examination.

1. From the large tumour.
2. From one of the smaller tumours on the outer surface of the skull.
3. From one of the growths on the dura mater.
4. From the bone beneath one of the smaller growths.
5. From the blood clot in the torcular Herophili.

The structure of all the growths is practically identical. The fully developed tumour shows, except in very thin parts of the sections, merely masses of round and oval nuclei each a little larger than a red blood corpuscle. The nucleoli cannot be recognised, as the structure is too granular from the effects of the strong spirit in which the specimen has been immersed. In the thinner part of the section it can be seen that the nuclei are surrounded by a small quantity of protoplasm, but it is scarcely possible to distinguish the individual cells from each other. There is but little stroma, and what there is, is arranged so as to enclose such irregular spaces. It nowhere forms a reticulum, nor does it enclose distinct alveoli. In many parts there is abundant extravasation of blood into the structure of the tumour. On the surface of the growth the periosteum is easily to be recognised by its yellow elastic tissue the bundles of which are separated from each other by accumulations of cells exactly resembling those of the fully developed tumour. A similar condition of the dura mater is found internally. A section of the bone beneath one of the smaller external tumours shows the ordinary appearances of infiltration of bone by a malignant tumour. The enlarged Haversian canals are filled with the growth. The blood clot from the sinus was evidently very old. As far as could be seen the tumour had not penetrated the sinus.

From the naked eye and microscopic appearances we therefore conclude that the tumour has originated in the layers of the periosteum and dura mater which lie in contact with the bone, and not from the bone itself. The destruction of the bone is purely secondary, and due to the pressure of the tumour. The elastic layers of the dura mater and periosteum have been stretched over the tumours without being perforated. The tumours from their microscopic appearance must be classed as small, round-celled sar-

comata (granulation sarcoma of Rindfleisch, encephaloid sarcoma of Cornil and Ranvier).

MARCUS BECK.

R. J. GODLEE,

6. *Ossifying chondro-sarcoma of both femora, with secondary deposits of a similar new growth in the lungs, in the bronchial, and in some lymphatic glands.*

By ROBERT WILLIAM PARKER.

[With Plate IX].

THE specimens were removed from the body of a child aged twenty months, who was admitted into the East London Children's Hospital, on October 4th, and died November 20th, 1878. She was first seen by me as an out-patient, and was then transferred to the wards. I am indebted to my colleague, Mr. Reeves, for permission to watch and report the case.

Clinical history.—She was quite well until two months before admission, when she slipped down on a board floor and hurt her left knee. A few days later it began to swell, and since that time it has continued to get larger and larger. At first there was no pain, and she was able to get about. It was seen at a London hospital, and diagnosed as a white swelling of the knee-joint.

On admission.—The child was found to be small for its age, pale, and not over well nourished. The anterior fontanelle was still unclosed. Hair very light; grey eyes. The body was spotted over with what appeared to have been varicella.

The left leg was the seat of an ovoid tumour; it involved the lower half of the thigh, the knee-joint, and the upper third of the tibia. The surface of this swelling was not quite uniform; it was firm, even hard to the touch, and the skin over it was marked by several large distended veins. The child winced when the tumour was pressed. Motion in the joint was not entirely abolished.

Neither foot nor leg was œdematous, nor was the skin over these parts in any way altered. There were two or three enlarged inguinal glands. Chest signs all negative. Heart normal as to