

became evident; *post mortem* there was found also ulcerative endocarditis. He spoke of the difficulties of diagnosis. The local symptoms were often slight, while the constitutional ones were grave.

Dr. Graham related a case of this disease in the tarsus, where the patient recovered.

Dr. Peters, in reply, said the interesting point was where did the disease commence, in the medulla or in the periosteum, as this would greatly influence the treatment; for, if in the medulla, there would be no use in opening the periosteum merely, but one should drill through the bone into the medulla. This might have been a case of multiple necrosis, for the autopsy was only a partial one. If multiple, it might explain why these cases are so often mistaken for rheumatism.

#### NATURE AND ORIGIN OF AMYLOID.

Dr. A. B. Macallum read a paper on this subject, a preliminary note of which appeared at page 255 of THE CANADIAN PRACTITIONER.

Dr. Osler asked whether the iron is seen in the same granular form as it ordinarily is in the ammonium sulphide reaction.

Dr. Macallum replied that there was no granular appearance, but that under the microscope it gave a diffuse stain like that of iodine-green.

#### TUMOR OF THE CEREBELLUM.

Dr. W. P. Caven read the following history:

The specimen presented was a tumor of the under surface of the left lateral hemisphere of the cerebellum. The tumor pressed forward on the pons, also toward the middle line, displacing the cerebellar substance not infiltrating it. Where the tumor rested upon the base of the skull, the bone was slightly eroded. The tumor sprang from the dura mater, and microscopic examination proved it to belong to the sarcomatous group.

Clinical history: Miss R., æt. 58. Family and personal history good. Her paternal grandfather died, æt. 92, from some form of fungating tumor, which presented itself in the region of the frontal bone.

First saw patient on July 11th, 1890, when the only complaint was partial loss of sensation throughout the whole distribution of the fifth nerve. No interference with motor branches of fifth, or with sixth or seventh. Taste un-

affected; motion and sensation normal; no alteration in superficial or deep reflexes; no optic neuritis; no headache; no vomiting.

Next saw patient in December, when in addition to above symptoms patient complained of attacks of dizziness, with a tendency to face toward the left side; these attacks most marked on rising from sitting posture, although sometimes felt while in recumbent position; on one occasion patient was seized with an attack and fell out of bed. At this time patient also complained of pain in the occipital region and down the neck; head would become retracted and neck stiff. Double optic neuritis now present; pupils dilated and sluggish. About the middle of January vomiting began; it never was a marked feature of the case, occurring at intervals of two or three days and ceasing altogether a couple of weeks before death.

Feb. 1st, 1891: Slight facial palsy now noticed for first time, and some difficulty in swallowing now manifested, this increasing till death on Feb. 18th. During the last week of life patient had frequent general convulsive twitchings, senses became dulled and she sank into a comatose state. Pulse and temperature remained normal as far as observed.

The interesting point in this case is the presence of a local symptom for a long time previous to the general symptoms of tumor of the brain. No general symptoms were manifested until December, 1890; whereas the local symptom, anæsthesia in distribution of the fifth, was observed first in May, 1889, the patient maintaining that it came on suddenly, never having experienced any neuralgic pain in the region of the fifth.

Dr. Osler asked if it were not more likely to be a fibro-sarcoma than a glioma from its situation.

Drs. Graham, Acheson and McPhedran thought that from its microscopical characters it was undoubtedly a fibro-sarcoma.

#### SARCOMA TIBIÆ.

Dr. Thistle presented a specimen and gave the following history:

Sarcoma of tibia removed from a young man æt. 23 years. Duration of growth, about 10 months. The young man first experienced discomfort about 10 months prior to operation, complaining of aching and tired feeling in limb.