

Society Proceedings.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The fourth regular meeting of the Society was held Friday evening November 18th, Dr. F. R. England, Vice-President, in the Chair.

DR. ARMSTRONG: Presented a young man aged 23, who had a large tumour growing from the anterior portion of the head. The patient came to the Montreal General Hospital in July, 1898, with the following complaints: While at work in a cotton mill at Lowell, Mass., three months ago, he struck his head violently against some machinery and shortly afterwards noticed a lump. There were no signs of black or blue ecchymoses and beyond violent headache for four days there was no other suffering. The father died of consumption, mother's death unknown; two brothers and sisters alive. The mass was at that time hard and bony and some enlarged veins were present. I regarded the growth then as a sarcoma beginning in the diploe frontal bone secondary to the injury. He remained in hospital for some time and then was discharged. He was readmitted in September and kept under observation until February, 1899. The growth had increased in size, but was perfectly hard, without any degree of softness, and was partly on the left frontal bone and partly on the right. The veins were larger; there were no signs of pressure in any part. He was again discharged and only readmitted a few days ago. The growth has been gradually increasing and we have now springing from the right frontal, the left frontal and left parietal bones a hard bony growth the size of a coconut. Apparently the outer table has been pushed out and expanded as one can easily trace it out and feel where it ends. The outer table seems to have been partly absorbed apparently by pressure for the top is a soft fluctuating mass. I take it that the inner table is intact or nearly so. He has no headache, no paralysis, but he is nearly blind, the left eye being the worst; his hearing is said to be normal. The ophthalmologist reports that the blindness is due to pressure and that there is atrophy of both discs, apparently not a congested condition but one due to pressure, and this is practically the only evidence of pressure that we have. The veins on the growth are very conspicuous; on the top are also two little hard areas, which are islands of bony substance, one quite distinct and the other becoming softer but still distinct.

There may be some doubts about the nature of the condition. The view has been taken that it was an angioma. The temporals pulsate rather violently but over the tumour there is no pulsation, thrill or bruit.

A sarcoma starting within the skull might come forward by absorption of the overlying bone, but in that case one would expect pulsation, and sarcomas beginning in the dura and passing up through do not