shown to so many medical men. I think that probably he was right and that it was a transient attack, and might be explained by the long time the cerebral substance had been pressed upon and altered by the growth of the tumour, so that it had acquired a habit which had not yet passed off, though it had manifested itself at very long intervals. I suppose we may still expect some slight attacks to recur before the brain tissue is restored to its normal functions.

III.—REPORT ON ITS PATHOLOGY.

By JOSEPH COATS, M.D.,

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THE following note was made when the tissue was fresh, immediately after the operation:—

The specimen is a soft, fleshy piece of tissue of a reddish colour; its surface is irregular, having a granular appearance, which on closer inspection looks almost papillary; at least there are a number of regular flat elevations of very small size. The tumour is a flat mass of a generally triangular shape, having somewhat the outline as well as the size of the suprarenal body. Its longest diameter is $1\frac{1}{2}$ inch; its other diameter 1 inch, and its thickness $\frac{1}{2}$ inch. The tissue is very friable, and there is no defining capsule.

A portion removed by scissors from the surface shows the tissue to be very vascular, numerous capillary vessels forming a reticulated network. At the surface the vessels show what looks like papillary projections. Between the vessels, and to some extent clothing them, are large quantities of cells which are of considerable size, and contain large oval nuclei.

A portion of the tumour was hardened in absolute alcohol imbedded in celloidin, and sections made with the microtome. The sections stained readily with logwood, alum carmine, Bismarck brown, etc.

The tissue contains numerous vessels, and each vessel is surrounded by a mantle of translucent tissue sparsely provided with cells. This tissue in specimens mounted in Canada balsam is homogeneous and structureless in appearance, but in glycerine it is seen to have a finely fibrillated character. The thickness of this mantle varies considerably, in some places equalling the diameter of the vessel, in other places much less.

The tissue generally consists of cells mostly oval or spindle-shaped. Between the cells there is the merest trace of intercellular substance consisting of reticulated fibres. The papilliform appearance noted in the fresh state is not borne out in hardened specimens; and it was due, doubtless, to the fact that at the torn edge of the tissue, the vessels with their mantle presented themselves individually.

From the character of the tumour, it may be regarded as a spindle-celled sarcoma, but taking into consideration the mantle around the vessels, it belongs to the group Plexiform Sarcoma.

THE TREATMENT OF PURULENT PERICARDITIS BY FREE INCISION.

By P. DAVIDSON, M.A., M.B.,

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THE case related by Dr. Bronner in the BRITISH MEDICAL JOURNAL of February 14th seems to me to have been a case of pyæmia, and possibly the primary seat of the infection may have been about the cæcum or vermiform appendix—a common site of inflammation in children.

The following case resembles his in several points, in the occurrence together of pleurisy, pneumonia, and pyopericarditis and also in the character of the pneumonia—sometimes called "wandering pneumonia;" again, in the rise of temperature after the opening of the pericardium.

R. E., a boy, aged 6 years, was brought to the Infirmary for Children, Liverpool, on July 9th, 1890. Three weeks before admission he had knocked his bare foot against a stone, and a week after that a swelling appeared on the right side of his chest. (He had acute necrosis of the third metatarsal bone, and a subperiosteal abscess over the eighth rib on the right side.)

On July 12th, when I first saw him, a pericardial rub could be heard, and pleuritic friction over both lungs. He had also dulness, tubular breathing, and crepitations at the apex of the right lung. Three days after, these signs had disappeared from the apex, but had appeared at the base of the lung.

On that date (July 15th), the pulse being 144, respirations 52, and temperature 103° F., as there was considerable dyspnoea, and at the same time marked increase in the cardiac dulness, the pericardium was explored with a hypodermic needle, but without result.

On July 18th the pericardium was again explored, and pus obtained. An incision was then made in the fifth interspace, and eight ounces of pus evacuated. A drainage tube $3\frac{1}{2}$ inches was inserted. The operation seemed to give considerable relief, but on the following day the temperature rose to the highest point it had yet touched (104° F.). The patient lived seven days after the operation, and finally died of syncope.

At the necropsy there were found general adhesions of the lungs to the chest walls and to the pericardium; a small quantity of seropurulent fluid was in each pleural cavity. There was a patch of consolidated lung tissue in the lower lobe of the right lung. The heart was thickly covered with lymph, but was not adherent at any point to the pericardium. There was about a drachm of pus at the back of the pericardial sac.

In sharp contrast to the above case is the following, in which there was no suspicion of septic infection:

R. A., a boy, 6 years and 9 months, was brought to see me at the Children's Infirmary on May 12th, 1890. He had for a fortnight suffered from cough, feverishness, and pain in the left side. His pulse was 120, respirations 40 per minute, and temperature 102.8° F.

On examining his chest it was found he had the usual signs of pleuritic effusion on the left side, dulness on percussion, distant respiratory sounds, etc., and his heart appeared to be pushed to the right of its normal position. An exploratory puncture was made into the left pleural cavity with a hypodermic needle, and pus obtained. The patient was sent to one of the wards as a case of empyema. On the following day I made a free incision an inch or more below the inferior angle of the scapula, and evacuated 10 ounces of pus, along with large masses of thick lymph. A large rubber drainage tube was inserted, and the wound dressed with perchloride gauze and perchloride wood wool.

After the operation the temperature became normal, the pulse fell to 96, and the respirations to 24 per minute. On the second day, however, the temperature rose a little, still more on the fourth and sixth days. At first this was thought to be due to some defect in the drainage, and this was carefully attended to. No improvement taking place, the heart was now more carefully examined. The cardiac dulness seemed decidedly enlarged, but the heart sounds were distinct and clear. Percussion, on subsequent occasions, showed an increasing præcordial dulness, and on May 24th it reached, at the level of the nipple, from one inch to the right of the right border of the sternum to an inch beyond the left nipple. I therefore determined to explore the pericardium, which I did in the fourth interspace, one inch from the left border of the sternum, and drew out pus. An incision was made at the same spot, and a director passed into the pericardial sac. On pus appearing in the groove, a knife was passed down the groove, and the deeper part of the wound enlarged. Several ounces of creamy pus flowed out. A moderate-sized drainage tube was inserted.

The operation was immediately followed by a fall of temperature, of pulse, and of rate of respiration. On the third day after opening the pericardium the temperature was 98° , pulse 96, respirations 24 per minute, and these figures remained more or less constant during the next five weeks, except during an attack of diarrhoea, and again after a premature attempt to remove the drainage tube. The empyema took about five weeks to heal, so also did the pericardium. The patient was discharged from the hospital on July 13th.

I showed him on February 12th, 1891, at a meeting of the Liverpool Medical Institution, and he was then in excellent health, having no symptom referable either to the heart or lung. He had been attending school during the winter.

In this case effusion of lymph probably occurred over the