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**COMPRISING THE REPORT OF THE PROCEEDINGS FOR
THE SESSION 1889-90.**

L O N D O N :
SMITH, ELDER & CO., 15, WATERLOO PLACE.
1890.

there was no return for at any rate two months. The subsequent history of the case is not known, for at the end of that time the patient returned to Jamaica and has not since been heard of.

At the time of the attack there was no diphtheria or pneumonia, the temperature was normal, and there were no definite physical signs.

Plastic bronchitis is a rare disease, for I have only been able to find 52 cases reported in the medical records of the last twenty years, for a review of which with the recent literature of the subject I may refer to an article written by me in the 'Practitioner' of last year (1889).
March 18th, 1890.

5. *Case primarily of tubercle, in which a fungus (aspergillus) grew in the bronchi and lung, simulating actinomycosis.*

By S. W. WHEATON, M.D., communicated by SAMUEL G. SHATTOCK.

[With Plate II, fig. 1.]

THE patient, a girl aged 2½, had been ailing for two months with a slight cough and marked loss of flesh.

On admission the child was extremely emaciated; it was constantly protruding the tongue and putting its fingers into the mouth, as if to remove some accumulation at the back of the throat; there was, however, nothing abnormal to be seen in the throat. In addition there were signs of consolidation of the base of the right lung in front, and of the right apex behind.

Eight days after admission signs of breaking down appeared at the base of the right lung posteriorly, and an exploring needle was inserted three times without any result.

Eleven days after admission a white patch appeared on the left side of the tongue; the temperature, which hitherto had been only slightly raised, and had never exceeded 102·4°, now rose to 103·4°, and continued to rise in spite of continuous baths and other treatment until it attained 105·4°, and later 106·4°.

The white patch on the tongue, which had a gelatinous, semi-ranlucent appearance, and was very firmly adherent, gradually

DESCRIPTION OF PLATE II.

Fig. 1, illustrating Dr. Wheaton's communication on Tubercle associated with the Growth of *Aspergillus*, simulating Actinomycosis. (Page 34.)

The figure shows white patches of the fungus (*aspergillus*) on the inflamed mucous membrane of the main bronchus of the right lung.

From a drawing by Dr. Wheaton.

Figs. 2 and 3, illustrating Dr. Delépine's paper on a Cardiolith. (Page 43.)

FIG. 2.—This drawing is of normal size, and represents accurately the state of the parts after hardening in alcohol. The heart had been opened in a somewhat unusual fashion. This accounts for the peculiar relations of the auricular appendage. The line of incision is not parallel to the interventricular sulcus, but is made nearly along the right border of the ventricle. The cavities of the right auricle and of the right ventricle are exposed. That of the right ventricle is almost entirely occupied by a complicated network of columnar carnes and of chordæ tendineæ. The posterior segment of the tricuspid valve is fully exposed, and is healthy; the left segment is partly hidden; the right segment is seen in profile, and has been pulled away from the stone, which was almost entirely hidden by it. This renders evident the thickening of the valve in the region corresponding to the concretion. The concretion is seen endwise, and only one of its attachments to the cardiac wall is visible.

FIG. 3.—Drawing of the outer aspect of the cardiolith, to show the fibrous pedicle-like adhesions by which it is attached to the endocardium (slightly enlarged).



Fig 3



Fig 1



Fig 2

Parverson & Co. Chicago. Ill.

spread all over the tongue and both hard and soft palates, and shortly before death an ulcer with grey flocculent base appeared on the front of the lower jaw, where the two central incisors were missing. The child died sixteen days after admission.

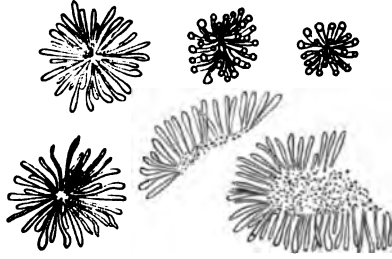
At the *post-mortem*, twenty-six hours after death, the lower three quarters of the right lung were partially consolidated, and the lung sank in water as a whole; the consolidated patches were yellow in colour, mottled with grey, and evidently formed by the coalescence of smaller patches; the patches of consolidation were riddled with small cavities containing pus, and in the surrounding lung were numbers of bright orange-coloured bodies about the size of mustard seed, and which could be picked out with the point of a knife. In the posterior part of the base of the same lung was a cavity the size of a Tangerine orange, with irregular walls; the walls were black in colour, and were covered with small white granules; exposed vessels ran across the cavity, which communicated directly with the main bronchus. In the main bronchus were several white gelatinous patches like those upon the tongue, which peeled off with difficulty, leaving a raw surface. The left lung contained scattered broncho-pneumonic patches and a few orange-coloured granules.

On examining a scraping from the lung numerous rosette-like bodies were found, which were unaffected by acids or alkalis, and stained by methylene blue and picro-carmin; also fragments of mycelium. These appearances suggested actinomycosis. The white patches in the bronchus were found to consist of the mycelium of a fungus mixed with flat epithelial cells; the fungus was undergoing fructification, and producing rosette-like clusters of spores from the ends of some of the hyphæ. On examining the tongue the white membrane had partly disappeared; the anterior half was denuded of mucous membrane, and resembled a piece of rotten wash-leather. The mesenteric glands were enlarged, and presented similar yellow granules to those in the lung; in a few places they were suppurating, and the pus contained mycelial filaments. There was no other disease, except that the liver was enlarged and fatty. Careful search was made for miliary tubercles, but none were found.

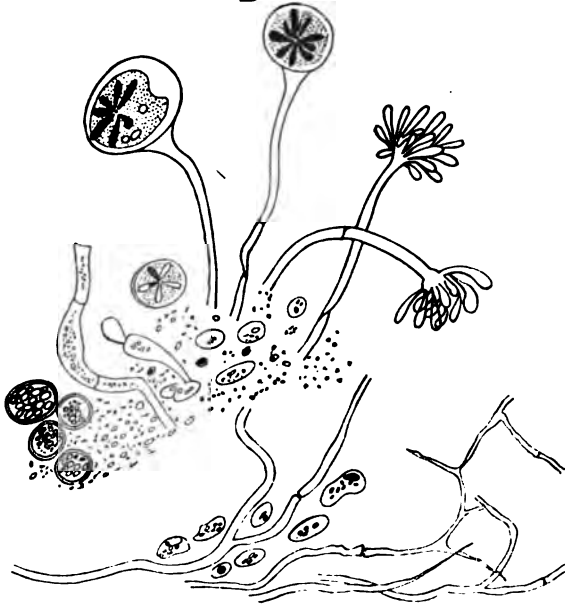
On staining sections of lung by Gram's method the characteristic appearances of actinomycosis were absent; the disease was evidently a catarrhal pneumonia. On careful search a few tubercles were found in the alveoli of the lung and in the mesenteric glands, but

WOODCUT 2.

A



B



A. Appearances in a scraping from the cut surface of lung, showing rosette-like bodies. $\times 450$.

B. From the patches growing in the right bronchus, showing mycelium and fructification. $\times 450$.

no bacilli; in the walls of the cavity and wherever breaking down was occurring mycelial filaments were found.

The case is interesting because of the close resemblance both of the naked-eye and microscopical appearances to actinomycosis; the peculiar character of the tubercular lesions being evidently of a catarrhal type; and the fact that they were most advanced at the bases of the lungs. It might be a question whether the growth of the fungus caused the high temperature with which its appearance on the tongue coincided, and whether it was instrumental in causing the breaking down of the lung. Dr. Bristowe has recorded a case (in vol. v of the 'Transactions') in which a similar fungus grew in a cavity in the lung, and in which he suspected that the primary lesion was also tubercular. Cultivations from the lung, made by Dr. Copeman at St. Thomas's, showed a similar fungus growing slowly in gelatine, and only liquefying the medium in its immediate vicinity, no other form of fungus being present. Different species of *aspergillus* have been found growing in the external auditory meatus and other situations, and the spores of *Aspergillus fumigatus* when introduced into the vascular system or peritoneum of rabbits produce disseminated foci in the lungs, liver, kidneys, and other organs, the foci consisting of rosette-shaped collections of filaments (*vide* 'Bacteriology,' by Prof. Crookshank).

May 20th, 1890.

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6. *Carcinoma of the root of the lung; comparative absence of symptoms; simple gastric ulcer; death from enteritis. (Card specimen.)*

By H. HANDFORD, M.D.

I HAVE already reported (vols. xxxix and xl) three cases of carcinoma of the root of the lung that occurred among my hospital patients within the twelve months ending June, 1888. In the following twelve months the present case was observed, and two in which *post-mortems* were not obtained, and which must therefore remain somewhat doubtful. The interest of this case lies in the almost total absence of symptoms pointing to the lungs, in the co-