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### PART I.

### ORIGINAL COMMUNICATIONS.

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ART. I.—*On Excision of a Pachydermatocele of the Scalp.* By WILLIAM STOKES, Professor of Surgery, Royal College of Surgeons, Ireland; Surgeon to Richmond Surgical Hospital; Fellow of the Royal Medico-Chirurgical Society of London.

THE disease to which the name “Pachydermatocele” has been given by the late Professor Valentine Mott, and that of “Fibroma molluscum” by Virchow, is of such comparatively rare occurrence that I feel confident the leading particulars of a case of that disease which was in my wards in the Richmond Hospital in November, 1874, will be considered worthy of record.

J. M., aged thirty-three, a tall, well-nourished, dark-complexioned, muscular man, was admitted into the Richmond Hospital, under my care, on November 18th, 1874. He is a native of Ireland, but has spent the greater part of his life in the United States of America. He stated that at the early age of six years the tumour first appeared, and during twenty-seven years it increased gradually and slowly, until it assumed the enormous dimensions it had on his admission into the Richmond Hospital—a good idea of which may be had by reference to the lithograph by Mr. Forster, taken from a photograph of the patient before any operative interference.

While in America he consulted several eminent surgeons, and some of them recommended operative interference, while others

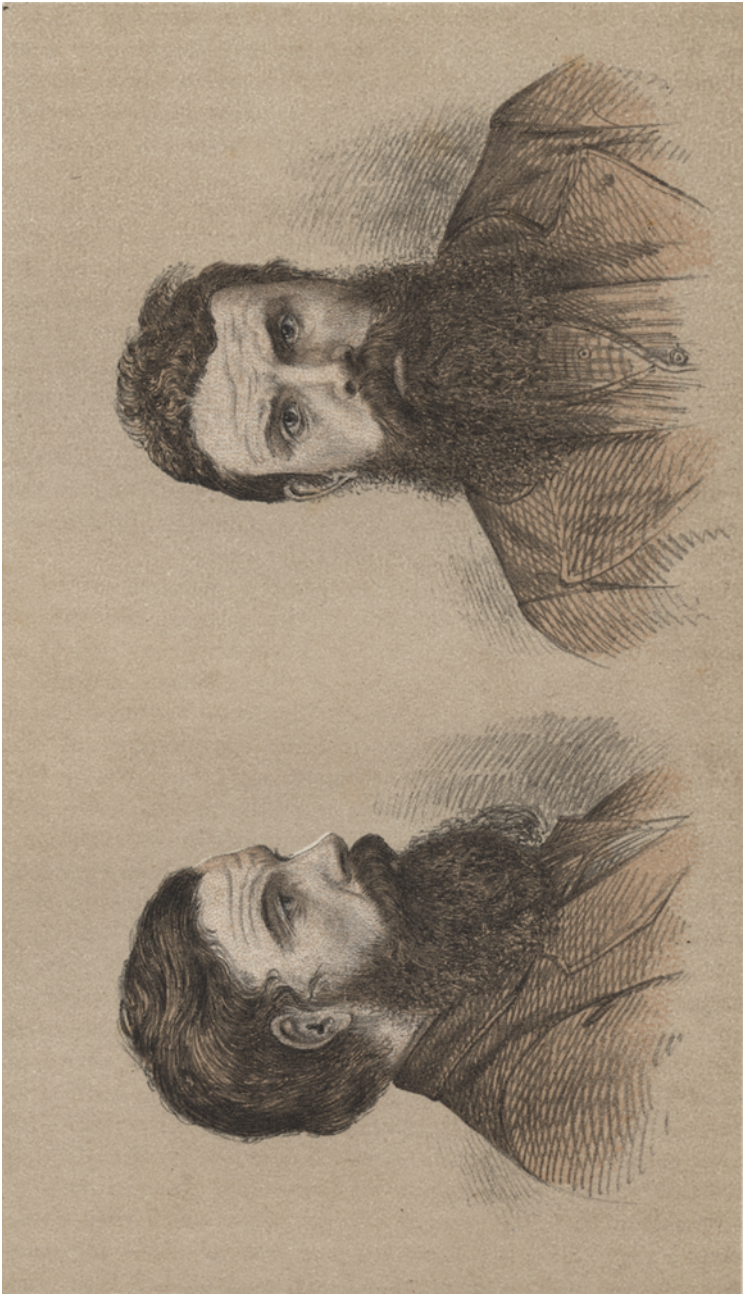
were of opinion that nothing should be done. He then determined to return to his native land, which he did, and placed himself under my care in the Richmond Hospital.

The tumour, he stated, never interfered in the slightest degree with his general health. He did not suffer any pain from it, and only suffered from a twofold annoyance—one, the knowledge that he was the possessor of such a hideous deformity, and the other, the great weight of the tumour. It was manifestly a benign one, and it was quite clear, from the general history of the case, and from the external characters of the growth, that it was an example of the disease termed "*Fibroma molluscum*" by Virchow, and "*Pachydermatocele*" by Professor Valentine Mott. The base of the tumour was very wide; it extended from above and in front of the right ear to the left of the occipital protuberance, and extended upwards to the vertex of the head, and from that the tumour hung down, as may be seen by the lithograph, as low as the shoulder. It was quite movable, free from morbid sensibility at any part, and the external surface of it was irregular, being covered with nodular masses, varying in size from a small bean to a walnut. There was no discoloration of the tumour, and it was thickly covered with dark hair, which was removed previous to operation. Before determining to perform any operation there were two circumstances which caused me to hesitate—one was the fear that this large mass was overlying bones more or less eroded; the other, that probably several vessels of large calibre would have to be divided, the hæmorrhage from which would be so great as to endanger the patient's life.

However, on making a careful examination of the tumour, at which not only my colleagues, but also my friend, Mr. Porter, assisted, I came to the conclusion that erosion of the bones had not taken place, nor could the existence of any specially large vessels going to feed this enormous mass be determined. Under these circumstances, after long and anxious consideration, I resolved to excise the entire morbid growth, not only in consequence of the absence of the two features just alluded to, which would probably have determined me against any operative interference, but also from the knowledge of the fact that in many of these cases, especially in those recorded by the late Professor Valentine Mott, the operation was attended with good results. In three of his five cases the operation terminated successfully, in the fourth the patient died soon after the operation, and in the fifth there was a

rapid return of the tumour. In the remarkable case which Virchow looked on as of so much importance that he has selected a drawing of it as the frontispiece of his classical work on tumours, the operation was brought to a successful issue, seven years having elapsed without any return of the disease. Encouraged by the results obtained in the remarkable cases just alluded to, I proceeded to the operation, and on the 20th of November the patient came into the operating theatre, and was brought under the influence of chloroform.

I then proceeded to remove the tumour, but before this was accomplished an untoward and alarming contingency arose, which caused me the most grave anxiety at the time. It was not that I found any erosion of the bones, such as I at first feared might be present, but on account of the fierce and uncontrollable hæmorrhage which took place during the operation, not from the division of any specially large arteries, but from the vast number of small vessels which went to nourish the enormous mass. The hæmorrhage may, in truth, be described as having been terrific. Whether it was from this cause, or the action of chloroform, or both, the patient, before the operation was completed, got into a condition which caused me and my colleagues the greatest alarm. He was, in truth, to all appearance, dead. The respiration ceased, the pulse ceased, the face assumed a cadaveric hue, the eyes became glazed, and he was, to all intents and purposes, dead. Under these circumstances we had recourse to the plan for resuscitating persons suffering from syncope produced by chloroform, which was first suggested and practised by the late Professor Nélaton, of Paris—a practice based on the theory (one probably correct) that death in such cases is due to anæmia of the brain, and to which method the attention of the surgical profession in these countries was, I believe, first drawn by my distinguished friend, Dr. Marion Sims, in an interesting paper, read before the surgical section at the annual meeting of the British Medical Association, at Norwich, August, 1874. The patient was, on the symptoms of syncope supervening, immediately inverted, the head hanging down, and the heels elevated by Dr. Thomson and Professor Bennett; Dr. Theodore Stack, our late able resident surgeon at the Richmond Hospital, fixed and supported the shoulders, while efforts at artificial respiration were effectively made by Dr. Thornley Stoker. I forcibly opened the mouth, seized and held forward the tongue with a forceps. For a time our efforts at restoring animation



MR. STOKES ON EXCISION OF A PACHYDERMATOCELE OF THE SCALP.

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appeared futile, and the death of the patient appeared imminent, if not already an accomplished fact.

It would, in truth, be hard for me to give in words any adequate idea of the mental anxiety and keen distress I experienced at this moment at the prospect, and apparent likelihood, of the patient—a fine, healthy, robust, powerfully-built young man—perishing on the table during the operation I had recommended him to submit to. Those only who have been in similar circumstances can understand the operator's feelings during such a terrible crisis. However, to the great joy of all engaged at the operation, in five or six minutes there were evident signs of returning animation, and when this was fully established I was enabled to complete the excision of the enormous tumour. The hæmorrhage, unfortunately, again came on, and could only be checked by the free application of the actual cautery. At one time three cautery irons had simultaneously to be applied. In my entire surgical experience I have never seen in any case such copious and uncontrollable *weeping* hæmorrhage; it came from every portion of the cut surface, but by the actual cautery I succeeded eventually in completely checking it. Before this was accomplished, however, the patient got a second syncopal attack. This was also treated by Nélaton's method, and with a result as satisfactory as on the first occasion. For upwards of two hours the patient was kept perfectly quiet on the table of the operating theatre, as we observed that whenever the patient was moved the bleeding returned. At the end of the time just specified we at last felt justified in carrying the patient back to his ward. There was, fortunately, no appearance of any further hæmorrhage. I must here acknowledge, with thanks, the able assistance that was rendered by my colleagues, Drs. Thomson and Stoker, and also by Professor Bennett, during this truly perilous operation.

The advantages of Nélaton's method of resuscitation were so apparent in the foregoing case that I cannot resist quoting a passage from Dr. Marion Sims' deeply interesting paper, alluded to already, on the procedure, which all engaged either in surgical or obstetric practice should be familiar with. He observes:—"I believe that obstetricians may take a lesson from Nélaton's method of resuscitation by adopting it in cases of threatened death from *post partum* hæmorrhage. Let us not be satisfied by placing the head low; but let us, in addition to the means usually adopted, invert the body, and throw what little blood there is left in it wholly to the brain. I have never seen a death from uterine

hæmorrhage; but from recollections of the few alarming cases I have witnessed, I now feel sure that recovery might have been hastened if I had known and adopted Nélaton's method of inversion. Whether death from chloroform is due to cerebral anæmia or not, it is at least safe to adopt Nélaton's method *in all cases* of supposed or threatened danger."

As regards the pathology of this tumour there is little to say. It is not a new growth, but an excessive hypertrophy of the skin and cellular tissue attaining enormous dimensions. This was the result of the various microscopic examinations made for Professor Valentine Mott of the tumours of this kind that were operated on by him, and of the examinations of the tissue of the tumour operated on by me, which I had made for me by some friends who are skilled histologists.

It is unnecessary to give an account of the daily progress of the case after the operation. Nothing untoward occurred; and on the seventh day after the removal of the tumour the patient was enabled to leave his bed and walk about the ward.

Four months after the date of the operation above described, I had to perform a second operation on the patient, and excised some small portions of the tumour that I was unable to remove at the first procedure in consequence of the extreme exhaustion following the hæmorrhage. The second operation was not attended with any untoward circumstance, and the convalescence of the patient proceeded rapidly. The accompanying lithographs by Mr. Forster depict faithfully the appearance of the patient before and after the operations to which I have above briefly drawn attention.

It is remarkable how few cases of this kind have been recorded. Mr. John Bell was, as well as I can determine, the first to give any full description of a case of this kind. He does not give any special name to the tumour, but in his work on Surgery gives a description of it in a chapter on "The Unlimited Growth of Tumours." The book contains a drawing of a case which occurred in his practice in the year 1815. The patient was a native of Ireland, but it differed from my case, and others I have learned of, in having, as was alleged, a traumatic origin. The woman who was the subject of the enormous growth described by Mr. J. Bell stated that when she was on her way home from America the ship was struck by lightning, and in the confusion which ensued she received a blow, fell upon her head, and was insensible for some time. Shortly afterwards a tumour appeared on her head, and

grew to an enormous size within twelve months. The patient consulted the surgeons of Guy's Hospital, who declined to interfere, and then she placed herself under the care of the illustrious surgeon, M. Desault, at the Hôtel Dieu in Paris. He, it was said, removed the tumour, but it grew again, and no surgeon afterwards interfered with it; and the drawing in Bell's book represents its condition some years after Desault's operation, the cicatrices of which are distinctly visible in the drawing in Bell's book. The two drawings in Professor Valentine Mott's paper on this disease present similar appearances to those in the case of John Bell. A remarkable case of this affection occurred in the practice of Mr. Pollock, of St. George's Hospital, London. In this case the tumours were not removed by the knife, but by the ligature. In my case I should have preferred the ligature, were it possible of application; but the idea of using it when the base of the tumour was so very wide, was altogether out of the question, and the only possible plan of operation was its removal by the knife. The result of the operation has been, I am happy to say, in every respect most satisfactory.

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ART. II.—*Typhoid Fever in the Garrison of Dublin.*\* By ALBERT A. GORE, M.D., Surgeon-Major, Military Prison Staff and Departments.

IN former days the Irish command was unpleasantly notorious for the production of all forms of febrile disease. The military records of the 17th and 18th centuries show that continued fevers, called by Boate the "Irish ague," were very prevalent, but the history of the disease is so mixed up with that of epidemic dysentery—an acute specific disease, thought by Dr. Murchison, in our own time, to be very closely allied to typhoid, which stood next in order of frequency of occurrence—that to differentiate between the two is not always easy. The following example will, I think, serve to illustrate this fact:—

In Cork, in 1817, what was stated to be dysentery was very prevalent, and was accompanied by "a fever peculiar to itself." According to the local physicians of the day, it differed in many respects from the dysentery of authors; was contagious and said to depend upon local circumstances, cases being most frequently observed in the low parts of the town, and where deposits of filth with

\* Read before the Medical Society of the College of Physicians, December 8, 1875. [For the Discussion on this paper, see p. 61.]