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ORIGINAL ARTICLES.

CEPHALÆMATOMA OF THE NEW-BORN.

DR. C. W. EARLE, CHICAGO.

[Read before the Section on Diseases of Children.]

This is a soft, elastic, fluctuating tumor, generally painless, and situated upon one of the cranial bones. It takes place, it seems to me, with somewhat greater frequency than the literature of the subject would lead us to suppose. I have already seen six cases in twelve years' practice.

It is stated by most writers, that in the great majority of cases, indeed in almost all, the tumors have been upon the right parietal bone, inasmuch as it is this bone that is exposed to the pressure of the rigid os uteri in the greatest number of deliveries. Contrary to the experience of other observers, five cases which I have seen have taken place upon the left parietal bone and one on the right. It has, in a few cases, been noticed upon both of the parietal bones, although this has not occurred in my practice.

Professor Byford has observed at least one case of this kind, and Jacobi and other authorities make mention of a double cephalæmatomæ.

The tumor has not, in my cases, made its appearance immediately after birth. From one to four days usually elapse before my attention has been called to the difficulty.

When it is first noticed it is usually a soft and painless enlargement, but in the course of a few days a firm ridge is usually noticed surrounding its base. This ridge, which is almost, if not quite, pathognomonic, is produced by the efforts of nature to repair the injury.

The seat of the difficulty is between the bone proper and the periosteum, and the enlargement is caused by the rupture of a blood-vessel in this position. The hard ring which I have mentioned is bony material thrown out from the periosteum, and does not in every case contract evenly in all directions. In one or two cases I have noticed hard projections apparently springing toward the summit of the tumor with greater rapidity than in other places.

As this deposit goes on, the tumor loses its soft fluctuating feel, and in the course of a few weeks nothing can be detected except a slight want of symmetry in the two parietal bones, and even this usually disappears in a few months.

We have been taught that this difficulty is caused by pressure upon the cranial surface by a rigid os

uteri. In all probability the great majority of these cases are caused by this pressure, but from the fact that cephalæmatoma have been observed in breech deliveries,¹ it must be admitted that the rigid os does not, in every case, produce the tumor.

It is possible, it appears to me, that, in addition to the pressure exerted by a rigid os uteri, and from injuries received by forceps, that there may exist in the blood-vessels a tendency to rupture with ease,—an undue thinness of these vessels, which produce a liability to hæmorrhage.

The most important question, however, connected with this entire subject is its diagnosis, and it appears to me that there are four difficulties with which it is liable to be confounded:

1. Caput succedaneum.
2. Congenital encephalocele or hernia cerebri.
3. Erectile tumors.
4. Craniotabes.

There appears to be a tendency on the part of some writers upon the subject, to confound caput succedaneum with cephalæmatoma. There is absolutely no similarity between the two difficulties, excepting, perhaps, that they are projections or enlargements upon a certain part of the head.

The *caput succedaneum* is an oedematous condition of the tissues, a difficulty of the scalp, cellular tissue and blood-vessels, etc., etc., which is usually found directly upon the presenting part, and may embrace one of the sutures. It does not fluctuate, and disappears rapidly. It is more prominent, more pointed, and has altogether a more boggy feel than the cephalæmatoma. A cephalæmatoma is a collection of blood between bone and its periosteum. It never is in the line of a suture. It fluctuates, and has every appearance of free fluid, surrounded by tissues. In the course of a few days, the bony ridge, to which I have already alluded, can be made out, and our diagnosis is complete.

I should remark before leaving this part of my subject, that a caput succedaneum may hide a cephalæmatoma for three or four days. That is, we may have an ordinary oedematous tumor on the presenting part of the head, and under this, and between the bone and its covering proper, a ruptured blood-vessel and a collection of fluid blood, which makes itself known after the oedema subsides.

Congenital encephalocele never occurs, with possibly an exception in necrosis from syphilis, in the body of the cranial bones. It always appears in the line of some suture. A pulsation is usually felt syn-

¹ Vogel, p. 57.

chronous with the heart. Cries and agitation of the child cause it to enlarge.

A *vascular tumor* has somewhat the same boggy feel which I have noticed in caput succedaneum. It may take place in the same position that we usually find a cephalæmatoma, but it does not fluctuate. It has no bony ridge. It usually does not protrude as a cephalæmatoma does.

By *craniotabes*, is meant the soft places which are found upon the cranial bones in rickety children. It has appeared to me that a layer of bone in some of these children can be so thin, or can be absolutely wanting to such an extent that a softness and fluctuation could almost be made out, thus giving rise to the suspicion that a bloody tumor of the scalp existed at this point. Such a case as this never occurred in my practice, but it always appeared to me possible, and, in my teachings I have cautioned my students in this respect.

Treatment.—The treatment of these cases really amounts to a judicious letting alone. Nature, in a great majority of the cases, cures this difficulty without any assistance. There is, however, on the part of parents and friends, a constant desire to interfere, and the physician will be importuned, in season and out of season, to poultice and blister and to open, and in every possible way interfere with the process that nature is following out to perfect a cure.

Formerly it was regarded as good practice to open these tumors, but from the fact that a number of them thus opened were followed with long continued suppuration and exhaustion, and, in some cases, death, it has more recently been regarded the best practice to not expose the internal part of the tumor to the air by opening them, but to allow nature to perfect a cure. Some mild anodyne liniment or embrocation may be ordered and the tumor should be protected from any external violence. Where the tension is very great, and the tumor somewhat larger than usual, and in cases where the child experiences considerable pain, it is probably better to depart from the usual methods of treatment, that of letting it alone, and with proper antiseptic precautions open the tumor, cleanse out the cavity and dress it in such a manner as to prevent, as nearly as possible, suppuration.

A case similar to this has recently been observed in the Cook County Hospital of Chicago, where the tumor became so painful that the child was kept from obtaining its usual rest, and its nutrition became very greatly impaired; until finally an incision was made with the precautions which I have stated above and the child made an excellent recovery.

What I desire to call attention to in this brief paper is, first, the greater frequency of this difficulty than we have hitherto supposed; secondly, the presence of the tumor in the right parietal bone in five cases of the six I have seen; third, to the four points of differential diagnosis; and, finally, that in a few cases, where the pain, swelling and tension becomes very great, it is admissible, indeed, the best practice to open these enlargements and treat them antiseptically.

TWO CASES OF ABDOMINAL SURGERY--BOTH FATAL.

BY J. P. THOMAS, M.D., PEMBROKE, KY.

[Read before McDowell Medical Society, Oct. 24, 1883.]

OVARIOTOMY.

CASE I.—On Aug. 1, 1878, I was called to visit Mrs. M.; white; æt. 51 years; on account of an attack of malarial fever. I found her unusually prostrated, but learned that she had been the subject of chills for two months, which had finally resulted in remittent fever, which satisfactorily accounted for her anæmic and prostrated condition. In a few days the fever was arrested. Prescribing a simple tonic, I was about to discharge the patient, when she called my attention to an enlargement of the abdomen, of which she gave the following history: About the 1st of June (1878), while dropping tobacco plants for her husband to transplant, she felt something give way in her right side, which caused most excruciating pain for a short time, but as the pain soon ceased, she continued her occupation until night, and on examination of the now very sore side (left hypogastrium) discovered for the first time a knot about the size of a small orange, which had increased very rapidly since, and added, "I am afraid I am pregnant."

Her abdomen was fully as large as a woman in her sixth month of gestation. She had been for two years passing through the menopause; and this, with her own age and that of her youngest child (5 years old), was sufficient to assure her that she was not pregnant, but, as none of my assertions or arguments would convince her to the contrary, to accomplish the object, I made a careful examination—rectal, vaginal, uterine, percussion, palpation, etc. The sound entered the uterus $3\frac{1}{2}$ inches, which was movable, and its movement imparted a distinct impulse to the tumor, which evidently had its origin upon the right side. I diagnosed cystic degeneration of left ovary, without adhesions.

Her situation was fully explained to her, also the only means that offered any hope of a cure, and the risk of the operation to life, dwelling upon the hazard she would be exposed to by the removal of the tumor. After she seemed fully to understand and appreciate the danger of the operation, she was advised to consult her husband and friends, and consider the matter well before she decided. But she at once concluded to undergo the operation, even urged its immediate performance, which, I now regret to say, I declined. But being governed by authorities who advise a postponement of the operation as long as the woman can live with the least comfort, also hoping to be able to improve her general health, which latter object I think unattainable in cases where the growth is rapid, as was the case in this instance. From the 1st of June to its removal, on the 20th of September, it had attained such enormous dimensions as to extend to the knee caps when in a sitting position. But let that be as it may, it continued to grow, and she to emaciate in the same ratio, and that in spite of the best tonics and tissue builders, until it seemed that all the tissues of the organism were being absorbed by the tumor,