C A S E
IN WHICH
A L A R G E C Y S T

WAS SUCCESSFULLY REMOVED FROM

THE UPPER PART OF THE NECK OF A YOUNG WOMAN,
AGED 27, WHO WAS CONSIDERED AT BIRTH TO HAVE
BEEN THE SUBJECT OF SPINA BIFIDA.

BY

SAMUEL SOLLY, F.R.S.

Received Oct. 22d.—Read Dec. 9th, 1856.

THE case which I have now to bring before the Society is one of rare interest, and stands, I believe, alone, whether it be considered as an instance of the cyst of a spina bifida occluded from the spinal canal at an early period, or as a case of an aqueous tumour originally connected with the occiput.

Its appearance, and the history I received of it from Mr. Girtin, of Canonbury Square, Islington, the medical man who brought this child into the world, the opinion entertained of its nature at the time of birth by Mr. Vincent and Mr. Abernethy, and subsequently by Sir Astley Cooper and Mr. Key, gave me the impression that its origin was spinal; and until, in a conversation with Mr. Prescott Hewett, it was suggested that it might have sprung from

the cranium, I had no reason to doubt the correctness of this view of its pathology.

Since then I have again seen and discoursed with Mr. Girtin. He says that he distinctly examined it in company with Mr. Vincent, in reference to this very point, and he asserts positively that it was not connected with the occiput; nevertheless, he and Mr. Vincent may have been in error, and I must leave the question undecided.

During the month of August, 1856, E. J. B—, æt. 29, a fair, delicate-looking young woman, consulted me by the advice of Dr. Waller, on account of a tumour on the back of her neck. I was struck with her appearance. The head was much flattened on the sides, and projecting in the frontal region to an extent which indicated slight hydrocephalus, but the countenance was bright and expressive, and the intellect perfect. The mother attributed this flattened form of head to pressure when an infant, as the head at that time always rested on one side. The tumour, which was hard and unyielding, about the size of a goose's egg, flattened anteriorly, hung by a broad, thick band to the upper part of the neck a little below the occiput. She suffered no pain in it, but it was inconvenient from its weight and position, and having a prospect of marriage she was very desirous of its removal. From the mother, who is an intelligent, well-educated lady, I obtained the following history, and outline of her appearance shortly after birth :

When she first came into this world the tumour was about the size of her head, measuring ten and a half inches across transversely, at its connection with the neck, and fourteen inches longitudinally. The lower part was of a dark colour, the skin being apparently very thin. Fluid frequently oozed from the lower part. It continued to increase until July, 1830; that is, for the first three years of her existence. During the year 1832 it decreased nearly three inches, and continued to decrease until November, 1833, six years after birth. Until two years of age she was exceedingly weak, and her left arm and leg were often

much swollen. For a long while she was only moved when absolutely necessary, as any alteration in the position of the upper part of the body appeared to cause considerable pain. When about two years and a half old her health began to improve, and at four years and three months she was able to walk alone. She had measles and whooping-cough when about six years of age, very mildly. At twelve she had scarlet fever, which much reduced her. Three or four weeks after this she had a fit, preceded by such violent pain in the head that she became delirious. Her mother says she now gave her up for lost; but the medical attendant, Dr. Manley, of Barking, bled her from the arm, and the relief was immediate. After this she slept soundly for more than seven hours, and awoke quite calm and free from pain, unconscious of all she had suffered. She rapidly recovered, and has since enjoyed uninterrupted health.

She was taken to Mr. Vincent, late surgeon at Bartholomew's, when three days old; he then declined doing anything, saying that it was a case of spina bifida; but on seeing her again, a few months after, he pressed much the plan of puncture and bandage; not, however, giving much hope of recovery, the parents would not consent.

When about eighteen months old she was taken to Mr. Abernethy, who told them that it was a case which did not occur once in a century, and advised that nature should take her course, and he repeated the same advice on a second occasion.

In January, 1839, by the advice of Mr. Winstone, of Charterhouse Square, Sir Astley Cooper and Mr. Aston Key saw the case; they recommended its removal, but the parents then refused to have the operation performed.

From the whole of this account, and from its appearance, I felt little doubt of its cerebro-spinal origin, and that the question of removal required great consideration. The tumour had diminished so much since birth, and was so firm and unyielding that, by pressure, I could detect no cavity within. Of the solidity of the peduncle I had no doubt, and as I could distinctly feel the arches of the

cervical vertebræ underneath, I felt certain that the occlusion of the canal of communication was complete. No manipulation gave any pain or inconvenience to the nervous system. Taking therefore everything into consideration, I decided upon the performance of an operation for its removal, and in this resolve I was confirmed by the opinion of my friend and neighbour, Mr. John Adams, of the London Hospital, who carefully examined the tumour with me.

On the 25th of August, 1856, I removed this tumour, my patient having been chloroformed by my friend, Mr. Walter Tyrrell.

I dissected up a short flap from the upper part of the peduncle, and then cut through it perpendicularly downwards. The hæmorrhage which followed was very free. Six rather large vessels required ligature, besides another which I stopped by torsion. Even then there was considerable oozing, which was ultimately arrested by ice and pressure, and with matico in direct contact with the wound ; after the operation she remained tranquil and free from pain, but she complained of a slight sensation of numbness down the right arm ; this entirely subsided in about six hours after, and she was quite comfortable in the evening. She did not sleep much during the night.

August 26th.—6 a.m. Suffering a good deal from shooting pains in the head, which she attributed to the bandage ; but when the bandage was removed the next morning, the pain did not abate. She enjoyed her breakfast this morning. Pulse good, countenance natural.

27th.—Slept well. The pad and matico removed from the wound. No return of numbness in the arm. Towards the evening there was a return of hæmorrhage, requiring the pad and matico to restrain it.

28th.—This morning there was a slight return of the shooting pain in the head and shoulders ; but the wound is discharging freely, and looks healthy. Slight oozing took place again during the night.

29th.—This morning the oozing was found to have been caused by a small piece of matico which had been left in

the wound ; she is in much less pain to-day, but her head is worse when in the recumbent position.

30th.—The wound, at the upper part especially, is looking sloughy, so that a poultice was applied. The pain still continues, and appears to be slightly hysterical. She did not sleep well during this night, as the pain troubled her so much, as also during the day.

September 1st.—Her appetite began to flag, owing to want of sleep and the continual pain. She was ordered—

Hydrarg. Chlor., gr. ij ;
Ext. Aconiti, gr. j ;
Opii, gr. $\frac{1}{4}$; bis die.

2d.—Pain is, she thinks, less, though it still troubles her very much. Bowels are not very open. Tongue furred. Ordered a purge ; this gave her great relief, and she slept better than she had done for some time.

4th.—The pain recurred again with renewed violence, and the bowels again became constipated ; this is probably due to the opium, as she obtained great relief from a purge. From this date she continued to improve from the state in which she had been ; and on the

7th.—The wound was looking very healthy, and the edges were gradually closing in ; at the upper part, however, a slough still existed, and it seemed as if it extended some depth. Her health is now better, though she still suffers from occasional paroxysms of pain.

10th.—She now sits up in the drawing-room, and finds relief from the change of scene. Wound closing fast. Slough still remains, however. Continues poultice.

13th.—Is improving fast, though she still has attacks of pain at intervals. Appetite is now good. She has had no return of the numbness of the arm. She is to go into the country on Monday next.

15th.—She left London, the wound being then in a healthy state, though still having a slough at the upper part ; the lower portion, however, was granulating healthily, and the edges were closing in fast. In health she was much improved, though still suffering pain at times.

October 23d.—She has gone on since the last report without a bad symptom; the wound has not quite closed, there is a spot about the size of a small bean remaining.

Examination of the tumour.—A longitudinal section through the centre exposed a large cavity in the interior, the walls of which were about the third of an inch in thickness. The cavity appeared to be about a third smaller than the tumour. In removing this section I was obliged to use a saw, in consequence of the walls containing firm calcareous plates, as designated in the drawing. The cyst was filled with a viscid fluid of a yellowish colour, not unlike white of egg. The cyst itself was entirely closed, but the line of junction with the spinal canal could be clearly traced by a whitish-yellow line of ligamentous tissue running through the peduncle. The interior lining of the cyst was smooth, except in the situation of the calcareous deposits.

Some of the ligamentous structure from the peduncle, which apparently filled the old canal of union between the tumour and the vertebral canal, presented, under the microscope, the usual characters of the yellow elastic tissue. The tissue, which forms the immediate wall of the cyst in contact with the lining membrane, looked and cut exactly like cartilage; but under the microscope it exhibited nothing but a dense fibrous tissue, containing, interspersed through its meshes, calcareous granules, which disappeared on the addition of acetic acid. The calcareous plates consisted of carbonate and phosphate of lime, not shaped into bone-tissue.

I am indebted to my friends, Mr. Sydney Jones and Mr. Tyrrell, for a microscopic examination of the tissue.

M^r Solly's case.
Aged 1½ year.

M^r Solly's case,
Aged 29.

Section of the Tumour
from M^r Solly's case