REMARKS ON A PECULIAR FORM
OF
TUMOUR OF THE SKIN,
DENOMINATED
“PACHYDERMATOCELE,”

ILLUSTRATED BY CASES.

BY

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THE dermoid tissue is liable to a greater variety of diseases than any other in the body, and although a great number have been carefully and accurately described, there are some which have not yet received the attention of professional men. Among the latter, there appears to me to be none more remarkable than that which is the subject of the following paper.

The following five cases illustrate this peculiar state of the dermoid and subjacent tissues, and I propose to give to it the name *pachydermatocele*; all have been congenital, the disease beginning in a brown spot or mole, as such appearances are generally called when small, and increasing with the years of the individual, until, as in three of my cases, they presented hideous and disgusting deformities.

The morbid structures have all been more brown than the surrounding integuments, with a flabby feel, very like a relaxed and very emaciated mamma. In several of the cases there were two and three layers or stories, as in the one upon the neck and shoulder, resembling the fanciful and successive turns of a

tippet, or three separate folds of a rich maroon velvet curtain as may be seen in Plate II.

They do not appear to possess any great degree of vascularity, neither having veins visible upon the external surface, nor diminishing in size much after being detached from the body, therein differing essentially from the *nævus maternus*, or aneurism by anastomosis. The cases, of the two boys, in which the disease involved extensively the scalp, one side of the face, and extended below the base of the jaw, presented by far the greatest amount of blood-vessels.

On cutting a slice transversely, or making an incision into these growths, the sub-dermoid structure to the eye seems to be hypertrophied areolar tissue, with very little evidence of blood-vessels running through it. From their general appearance and duration, there is no evidence whatever of anything malignant in their structure or tendency. In one of the cases there was a return of the same kind of tumour upon the same spot, namely the head, though to a less extent, demanding a second excision, and it returned again, and is now of the same shape and character as at first. In another patient, a boy, the same disposition to return was observed during the granulating process, but it was completely conquered by the patient and skilful application of compressed sponge and the roller bandage. In the other three cases there was no disposition whatever to a reproduction of the disease.

The sense of feeling was somewhat diminished below the natural standard in all of the cases. In only one was there any ulcerative action, and this arose entirely from want of attention to personal cleanliness. The largest required to be carefully washed every day with soap and water, then well dried and powdered with some farinaceous substance. If this was neglected for one day an acrid fetid discharge took place, soon leading to excoriation.

CASE 1.—A young woman, *æt.* 24, of an excellent constitution, and uniformly good health, requested me to examine something which had existed from her earliest

recollection, and was steadily increasing in size. She said it was a swelling on the left side, not attended with the least pain, and only annoying to her from interfering with the comfortable and symmetrical arrangement of her dress. She evinced a delicacy in showing it, arising more particularly from some story of a fancy of her mother as to the cause.

On exposing it to me I found a flat tumour from four to six inches in length, and nearly the same in breadth, hanging completely pendulous. It was situated on the left side a little obliquely, about four inches below the mamma, and on a line with the axilla. It was about an inch in thickness, of a brown colour, and on closely inspecting the surface it was found to be beautifully striated, the striæ running in a serpentine manner. This was visible on both sides, and scores of dark points were distinctly to be observed sprinkled over the striæ. These spots were of the size of common and large pins' heads, and when picked out might be said to resemble dry melanotic formations. (*Vid.* Plate II.)

At her request the growth was removed by two incisions, each about eight inches in length, so as to include every part of the abnormal growth. It was dissected from portions of the pectoralis major, *senatus magnus anticus*, and *latissimus dorsi*, each of which muscles appeared perfectly sound and natural. The extent of integument left did not allow the edges of the wound to be closely approximated. The considerable extent of surface thus left uncovered granulated and healed very kindly without any untoward circumstance.

There was not any return of the morbid growth.

CASE 2.—This occurred in a maiden lady, more than 40 years of age. The growth was situated on the left side, identical in shape, size, and attachment, with that described in the former case, but ulcerated in its entire extent, which condition also extended to some little distance around its attachments. The ulceration had been spreading for several years, and the fetid odour it emitted was singularly loathsome. This I am confident must originally have been

occasioned by the personal filth and disgusting neglect of the patient, who though wealthy, was the most insupportable miser I ever knew, denying herself and servant the most common necessities of life.

The fetid mass was removed by a simple dissection from the subjacent muscles, as in the former case. Several small arteries were secured after the tumour was removed. A larger surface was from necessity left to be healed by the second intention.

The first four days after the operation were passed without any untoward or unfavorable circumstance. After this she became excessively anxious about her property, accusing her servant and family of robbing her, and saying that she should be left penniless and in want. Fever now set in, which in a few days assumed a typhus form, and soon terminated her life.

CASE 3.—A. R, a boy, æt. 14, of a sound constitution, consulted me about a hideous and disgusting deformity of one entire half of his head and face. It consisted of three layers of tumours, from the crown of the head to some distance below the base of the lower jaw. One of them was formed in or involved the eyelids, which were carried down to the lower part of the face. When this portion was raised up the ball of the eye appeared sound in the bottom of a canal three or four inches in depth.

No pain at any time had been connected with this abnormal growth. As the mother states, it was noticed shortly after birth on the side of the face in the form of a small point or pimple, from which all the loathsome and disgusting deformity has proceeded. This boy was so exceedingly deformed and monstrous, as to be an object of terror to the children in his vicinity, and of sport and amusement to the idle boys.

These tumours had the same brawny feel as the rest, and the cuticle had a dry corrugated and scaly appearance where it covered the striæ and irregularities of the hypertrophied tissues underneath. This abnormal mass now involved the

scalp of one side of the head, from the vertex to the centre of the forehead, one half of the nose, the upper and lower lips, the whole side of the face, and extended below the base of the lower jaw, back to beyond the ear. At all these points it seemed to occupy the whole of the dermoid tissue, and was continually increasing in size. (*Vid.* plate II.)

The age at which he had now arrived gave him interest in his personal appearance, and induced him to ask if some change could not be made in it for the better by a surgical operation. This I attempted to do at his request, apprising him and his parents at the same time that the operation was attended with danger.

After being put under the influence of chloroform, an incision was commenced at the vertex of the head, and carried down over the forehead, inner canthus of the orbit, centre of the side of the nose, by the edge of the angle of the mouth, over the chin, and a short distance upon the neck. Another, from the same point above, reached along by the ear, and passed over the base of the jaw, and met the other upon the neck. One or two transverse incisions were afterwards necessary to put the parts in a favorable state to bring the edges together and adjust them by sutures.

The redundant reticular or areolar tissue, was so great, and appeared so completely to occupy the place of the natural structures, that not a muscle of the face could be found after the most careful dissection. It seemed, indeed, as if this growth extended to the membrane of the mouth. The vascularity far exceeded my expectations for such a tissue. A great number of arteries required ligatures. The quantity of blood lost was considerable from the arteries, as also from several large veins. Adhesive plaister, lint, and a double headed roller, completed the dressing.

Shortly after recovering from the anæsthesia, an anodyne of morphine was exhibited to allay pain and quiet the mental agitation under which the boy laboured. Much of the wound healed by the adhesive process, and what suppara-

tion followed seemed to favour the melting down and destruction of the superabundant morbid tissue that remained.

During all the process of granulation and cicatrization, firm pressure was kept up by a roller carefully adjusted to all parts of the head and face.

He recovered completely from the operation, and his improved appearance was greatly calculated to give satisfaction to himself and family, as well as to gratify the operator. It was not many weeks, however, before there were striking evidences of a renewal of the growth, in defiance of the continued pressure of the roller bandage.

The growth was gradual but constant, and after some months its magnitude was so considerable as to induce him again to request its removal. Its size was now far less than at first.

Putting him under the influence of chloroform, several incisions were made about the face and side of the head, in order to remove as much of the morbid part as possible, as well as to secure more points for cicatrization. He lost much less blood in this than the first operation, and comparatively but few arteries required ligatures. No untoward circumstance attended the after treatment, and again much benefit resulted to the patient in appearance.

This improvement, however, was but temporary, for in less than a year the morbid formation commenced again to grow, and now has attained a magnitude, which though less than that of the original growth, makes him a hideous object.

CASE IV.—A boy in excellent health, about twelve years old, consulted me about a tumour on the opposite side of the face, identical in all its physical characters, but of less size, than that in the preceding example. As his appearance was far from being beautiful, he was also desirous of being improved by an operation. This I consented to do; preparing him, however, with the probability that it would return. This growth commenced also in early infancy, and, from all that could be learned, was probably congenital.

While in a state of anæsthesia, I made several extensive incisions, and cut more liberally into the surrounding healthy integuments, with a view of not only removing as far as possible all the abnormal tissue, but to obtain also the benefit of the two reparative processes of granulation and cicatrization. The benefit of this soon became very apparent, but the permanency of the cure may be greatly attributed to the persevering use of compressed sponge, and tight bandaging over the granulating surface by my estimable friend, Dr. Batchelder. About six years have now elapsed, and there has not been any return of the morbid formation.

CASE V.—This was truly a monstrous morbid production. Though disgusting, and even frightful, to ordinary beholders, there was in its organization and external characters, looking at it as a morbid growth, something symmetrical and beautiful. From the mother's statement it was observed soon after birth.

Miss S—, æt. about 45 years, of robust country health, came to me from the western part of the State of New York, as she said, to show me a tumour, and to know if it could be removed. From the compact and regular arrangement of her dress, the impression on my mind at once was, that it was of no great importance as to size. My astonishment was not a little excited, as soon as she removed her dress from the chest and neck, not only from the immense size of the mass, but that it could all be so completely stowed away, as not to disturb the apparent symmetry and harmony of her proportions.

The tumour was of a dark brown or copper colour, of a soft elastic feel, very much resembling a collapsed lung or a placenta. It hung in beautiful and fantastic folds, like the convolutions of a tippet over the neck, shoulder, and chest. There were five of these folds or stories, the smallest above, the longest or broadest below.

It was attached to the healthy integuments behind and in front of the ear—directly under its lobe—to the entire

extent of the side of the neck from near the nucha to the edge of the larynx and trachea, to the whole line of the clavicle and middle of the upper bone of the sternum, over the shoulder, part of the scapula, and reaching upon the arm to near the insertion of the deltoid muscle—over the entire pectoralis major to the middle of the sternum and ensiform cartilage, and to the upper part of the rectus abdominis and latissimus dorsi, with a portion of the serratus magnus anticus. The lowest loose fold hung a little below a line with the umbilicus. The entire length of the tumour was twenty-one inches, its breadth eighteen inches.

Stating to her that I thought it might be removed, she requested to have the operation performed, if there was, as she said, “any chance of her life.” Being made insensible with chloroform, the operation was performed in the following manner :

An incision was made a little below the tumour, across the lower part of the deltoid muscle, and the growth was dissected from this muscle to the top of the shoulder, then from the side of the thorax and upper part of the abdomen, then from the whole line of the clavicle, the upper part of the sternum, the back of the neck, and from the trapezius muscle. It was now detached from about the ear, and the dissection continued towards the front part of the neck, in the direction of the course of the sterno-cleido mastoid muscle, until it terminated by an incision over the mesial line of the larynx and trachea in their entire length.

In all this extensive dissection many arteries required ligatures, and some of them were of considerable size. The most remarkable, and indeed monstrous, were two veins entering the sub-clavian, no doubt the external jugular in its anterior and posterior branches, each apparently separate. Their size was the greatest I ever saw in any superficial veins, being each not less than my forefinger. They were running close together, and were seized successively the instant on being cut with the forceps, and were tied, to prevent the admission of air, from which, on one occasion, I had seen frightful and almost fatal effects.

As the tumour originated on the upper part of the neck, these two enormous superficial veins were probably the principal channels for returning the blood from the whole abnormal mass. They lay side by side, as they went through the deep cervical fascia, but probably just on entering the subclavian, they united, as is usual in the normal state.

As the operation was considerably protracted, from the extensive superficial dissection, and the large number of arteries which required ligatures, some exhaustion followed, but she was not alarmingly depressed at any moment, and quickly rallied when the anæsthesia was allowed to pass off.

After she had sufficiently recovered for any vessels to show themselves, and all bleeding was stopped, the wound was dressed with dry lint, compresses, and a roller to make a moderate amount of pressure. Shortly after the operation, an anodyne was administered to allay pain, and lessen irritation. For several days afterwards, until suppuration was established, she had considerable fever, but much less than I anticipated from so extensive a wounded surface. The fever was readily moderated by appropriate treatment, and the granulating process was soon established.

After between two and three weeks of progress in healing, everything seeming to be as favorable as could be wished, erysipelas spread itself extensively around the edges of the wound, accompanied by a vitiation of the discharge, and a sweeping away of the healing material. This state was accompanied with great disturbance of the brain and nervous system, with low fever, which imminently hazarded her life. By suitable and appropriate local and general treatment, the storm was arrested, the nervous and vascular system returned to a quiet and tranquil state, the wounded surface assumed a healthy appearance, and all again promised well.

Two or three weeks were now passed in an improving way, but on a sudden, without any physical cause, another attack

of erysipelas burst upon the healthy and healing wound, affecting the general system, and put us all back again. This was, however, less violent than the former attack, and produced less havoc among the granulation. These seizures were from an atmospheric cause, erysipelas being at this season very prevalent in private as well as hospital practice.

By means of general tonics, nutritious diet, and stimulating dressings, the wound soon assumed again a more favorable appearance, and began to granulate and cicatrize. From the immense extent of the ulcerated surface, and the enfeebled state of the general system, various changes in the constitutional and local treatment were from time to time called for. These changes were properly met, and the wound had so far healed in three months that she was enabled to return home—a distance of more than two hundred miles.

On getting to her native village, she rapidly improved; and was soon enabled to return to her accustomed duties.

I have heard several times of her, and within three weeks had a letter from her. The wound for some time was entirely healed; but, at the time of her last letter, there was a small point that had ulcerated, without, however, manifesting any disposition to spread, or any peculiarity in its character. The critical period of life at which she had arrived, indicated to my mind the propriety of establishing an issue somewhere: I accordingly directed one to be made in the sound arm.

There has never been any appearance of a reproduction of the tumour; nor is there any at the present time. It is now about five years since the operation was performed.

This tumour weighed nine pounds, and was twenty-one inches in length, and eighteen in breadth.

My colleague, Professor Lovett, has kindly furnished me with the following notes of the microscopical appearance of one of the tumours:

“The specimen appears to me to consist of an hypertrophy of the skin, and of the subcutaneous cellular tissue.

“Under the microscope I find nothing but an exaggeration of the natural tissues. There are no evidences of a malignant formation.

“The diseased structures seem to me to be quite analogous to what was noticed in the case of elephantiasis of the leg, which I exhibited to you during the winter.”