

CASES  
OF  
WARTY TUMOURS  
IN CICATRICES.

BY CÆSAR HAWKINS, Esq.

SURGEON TO ST. GEORGE'S HOSPITAL, AND LECTURER ON  
SURGERY.

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IN describing a variety of tumours and other diseases, medical men are in the habit of adopting terms to which different significations are attached by different persons, and by this means great obscurity has arisen in pathological anatomy, which might have been avoided by more precise definitions: and among other terms of this sort is the word *malignant*, as applied to disease. By a malignant disease is meant by one person a local malady, depending upon a constitutional taint, which renders that malady incurable and invariably fatal, in the way that cancer and fungus hæmatodes are invariably fatal; while another person will call a disease *malignant* which is simply *incurable*, without any definite reference in his mind to the state of the constitution. Thus it is that lupus, and the corroding ulcer of the uterus, are called *malignant*, though in the more formidable sense they are clearly not so, since the disease does not contaminate either the surrounding parts or

the absorbent glands, by the formation in them of a *new structure*, like that developed in the seat of the primary disease, nor is a similar disease established in another part of the body by means of this contamination.

Even in those diseases which are manifestly malignant, in the more confined sense in which cancer is malignant, there is great difference in the *degree* of malignancy, which the surgeon ought well to understand. Cancer of the breast very often returns in the same part, when removed by the knife; almost always affects the absorbent glands, and the appearance of a similar disease in some internal organ is always apprehended. In cancer of the scrotum, on the other hand, the removal of the diseased part is undertaken with well-grounded confidence that the disease will not reappear in the same place; the absorbent glands are often not affected, and scarcely ever is any similar disease found in the liver or any other internal organ.

But it seems to me that we want some word for those diseases which *do form a new structure* capable, apparently, of contaminating the surrounding parts, so that the removal of the whole of the altered structure is necessary, but which *do not*, as far as I know, produce any contaminating influence upon the absorbent glands, and have no tendency whatever to reappear in a distant and unconnected part of the body. Such a disease is familiar to most surgeons in the skin of the face of

elderly persons, and is often, but I think erroneously, called *cancerous* and *malignant*, since if the new structure at its basis be completely taken away, there need be no apprehension of any return of the disease, either in the same part or elsewhere: or at least if the new structure really possesses the nature of *cancer*, it must be clearly understood that the disease is *cancerous* and *malignant* in the very lowest degree. Of this kind also is the disease which I purpose to describe by the recital of a few cases which have fallen under my observation, and which, as far as I know, is not described in any surgical writings.

The tumour, which I will call the **WARTY TUMOUR OF CICATRICES**, makes its appearance in some old scar, many years after the injury which has produced it has been healed, whether a burn, a cut, or a laceration of the skin; and it arises equally from a flogging or a scald, in which the skin alone has been injured, or from a cut or gun-shot wound, which injures also the tendons or bones below the skin, and makes a more complicated cicatrix. There appears in the first place a little wart, or warty tumour, in the cicatrix, which is dry and covered with a thin cuticle, but which soon becomes moist, and partially ulcerated, like the warts of mucous membranes, from which a thin and offensive, and semi-purulent fluid is secreted. In this stage it gives no pain nor inconvenience.

#### CASE I.

This first stage is shewn in a preparation of a tumour, about the size of a small apple, which was

removed, about the year 1826, by Sir Benjamin Brodie, in St. George's Hospital, from a man who had been a soldier in India for many years, and had been repeatedly flogged for some offences. The last punishment had been a flogging of 1000 lashes, eleven years before his admission. In the cicatrix several warts sprung up, which coalesced to form a tumour, the probe passing between them to the basis of the disease. Around the tumour the skin was of a dark livid colour, and studded with several smaller warts. The man easily recovered, and had no return of the disease.

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In the second stage of the disease the growth of the tumour becomes more rapid, the warty appearance being in some measure lost, a more solid substance projecting from the diseased skin, which bears much resemblance to the fungus of fungus-hæmatodes; the formation of fresh warts being still seen around the tumour, and preceding the change which has been alluded to. The tumour is very vascular, and bleeds when touched, but its irregular surface still allows the probe to pass through its structure, except where it is most firm.

#### CASE II.

John Pegram, æt. 45, was admitted into St. George's Hospital, April 18th, 1827, under the care of Mr. Jeffreys.

There was a large tumour connected with the skin of the back, somewhat elevated, and with the edges

overlapping the surrounding skin, which was drawn in and puckered round the tumour. The tumour was about five inches in diameter, and the skin appeared to be partly connected with the spinous processes of the dorsal vertebræ, and with the spine of the scapula. The tumour was warty and irregular, and had an ulcerated surface, discharging a thin, sanious matter. The man's countenance was sallow, the appetite however not impaired, the bowels in general constipated, and his sleep at night disturbed by shooting pain in the back.

The tumour arose in a cicatrix produced by a flogging which he had received twenty-seven years before, the effects of the punishment not having been quite got rid of for eighteen months after it had been received; but since that time the cicatrix had remained quite well till September of the last year, when a piece of wood fell upon him, and slightly grazed the skin. This healed easily, but shortly afterwards he found a small lump in the part, which soon ulcerated, though without much pain. At Christmas last it had acquired the size of a penny-piece, when he began to experience pain, and lost flesh considerably; and the tumour progressively increased to its present size. About four days after his admission, he felt pain, *like cramp*, in the ham and calf of one leg, which subsided however without swelling or tension, and on the 27th the tumour was removed by operation, the actual cautery being applied over the spine of the scapula, where the tumour

was most fixed, and lint dipped in a strong solution of sulphate of copper applied to the upper part of the exposed surface, which did not look quite so healthy as the rest.

The wound looked healthy when dressed on the 30th, and the pulse was only 96 for three days after the operation; but on the 1st of May, four days after the removal of the tumour, he was attacked with severe rigors, with profuse perspiration, and died on the 4th.

The cause of death appeared to have been inflammation of the veins of the leg, of which there had been such trifling evidence before the operation, that it was disregarded. All the deep veins, however, from the foot to the internal iliac, were filled, and the circulation wholly stopped by coagula, which extended even into the muscular branches. Their coats were considerably thickened, especially about the ham, where the pain had been felt, and there was slight purulent effusion into the cellular membrane around the popliteal vein. The superficial veins were healthy and pervious. There was pus also diffused in the cellular membrane behind the peritoneum, about the iliac and psoas muscles. The right pleura contained a pint of seropurulent fluid, and there was thick purulent secretion in considerable quantity in the cells of the lung. Nothing remarkable was observed in the wound, or in other parts of the body, and the patient's death seemed therefore to

be quite unconnected with the tumour, unless absorption of pus from its surface, previous to the operation, had given occasion to the venous inflammation and serous effusion.

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The preparation of this tumour, however, does not shew the appearance and character of the disease so well as those taken from the next case, of which I had a drawing made, which has been placed on the table with the preparation. In them the relation of the disease to the subjacent parts is well seen; and it will be observed, that even when of very large size, it is still essentially a disease of the skin. The cutis around the tumour, which has not yet become prominent in the form of warts, is thickened and fibrous, and divided by furrows, having very much the appearance of the skin from which the hoof of the horse grows, and to which it is attached. The section of the central tumours is firm and smooth, but if carefully examined may still be found to consist of fibres rising perpendicularly from the base of the tumour, where it is attached to the fascia, all trace of the original texture of the skin being here lost, though it may be gradually traced into the unchanged part of the cutis of the cicatrix around the tumour.

### CASE III.

Susan Farrington, *æt.* 28, was admitted into St. George's Hospital, Oct. 23, 1833, under my care.

The left leg and foot had been scalded severely, when she was a child, so that the sore was more

than a year in healing, and the surface of the cicatrix has since then frequently ulcerated, the last time being about two years ago; but on these occasions the ulcer presented no remarkable appearance. Four months ago the sore ulcerated afresh, and in about six weeks began to put on its present raised appearance.

On her admission there was a prominent tumour, about two inches and a half above the surrounding skin, which was four or five inches long, and extended more than two-thirds round the leg. The surface had the usual irregular warty appearance of these tumours, and discharged a very foetid pus. The cicatrization of the former scald extended from the toes to very near the knee, and was wrinkled towards the tumour. The tumour allowed the probe to pass through it very readily, and when thus examined in various directions, there seemed to be no softening of the periosteum of the tibia, nor of the fascia of the leg.

She had latterly become thin and out of health, with a furred tongue, and quick and weak pulse, and more or less restlessness, from excessive pain and irritation in the tumour.

She improved a little in health at first under an alterative and tonic treatment, but the tumour continued to extend, and with increased rapidity. After a consultation with my colleagues, amputation was proposed to her; the great extent of the surface rendering the excision of the tumour impossible,



with any hope of new skin subsequently forming, so as to make the limb again useful; but the operation was not consented to.

After this the pain increased very much, the tumour spread very rapidly, and her health became so much disturbed that she was herself perhaps aware of the fatal character of the disease; and on coming to the hospital on the 28th of November, I found she had just sent a message, to say that if I would remove the limb immediately, she would consent to the operation, but not, if it could not be done at that time. Of course I did not delay the amputation, but removed the leg rather nearer the knee than usual, making a flap chiefly from the back of the leg, in order to leave as little as possible of the old cicatrix, which did not reach so high on the back part as it did in front.

By the removal of so extensive and so painful a disease, an immediate amendment has taken place in her health, and the stump is healing favourably\*.

It will be seen, on examination of the preparations, that the tibia was perfectly healthy, excepting an addition of new bone from common inflammation, and that the disease had not extended through the fascia to which it adhered. The drawing was taken about three weeks before the operation, when the tumour began to lose some of its distinctive warty appear-

\* July 1835. This patient was in the hospital not long since, for another disease, the stump having remained perfectly sound.

ance, by becoming somewhat sloughy on the surface, and by the warts becoming more solid and smoother in their prominent extremities, so as to resemble fungus hæmatodes, or the fungous kind of cancerous tumours.

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I allude especially to the perfectly sound condition of the tibia, because I believe many gentlemen, who saw the leg, were of opinion that the bone must have been diseased, and must have given origin to the tumour. I have placed however upon the table the cast of a case of a prominent fungus of a different kind, which is occasionally formed over carious bone, and which ought to be carefully distinguished from the tumour which I am endeavouring to describe. This fungus grows to the same height as the warty tumour, and resembles it in some measure in appearance, but even in the cast perhaps the difference may be perceived between them. In this exuberant growth from the cancellous structure of a bone, the projections are more like granulations; they are softer and redder than the warty tumour, and none of the peculiar changes in the skin around can be detected, which, I believe, uniformly precede the growth in question; on the contrary, the circumference of the diseased parts has the appearance of a common ulcer of the skin, and if the carious part of the bone on which the prominence depends be carefully dissected out by the chisel, the ulcer in the skin will readily heal.

But while I wish to assert the origin of the warty tumour from the texture of the skin, I am perfectly

aware that a disease of some bone may be *added* to the alteration of the skin, as was shewn in the last case, or as the following case may also prove.

*CASE IV.*

John Colley, æt. 45, was admitted into St. George's Hospital, July 10th, 1833, under the care of Mr. Babington.

About twelve years ago he cut the heel through the tendo Achillis so deeply as to expose the bone. The wound healed in three months, but the ankle and instep have, since the accident, continued stiff, and nearly inflexible, though he could walk about without pain. About two years afterwards an ulcer formed over the outer ankle in the cicatrix, which sometimes almost healed up, but has never completely cicatrized.

On his admission, a warty ulcer existed around the heel, at the bottom of which some bone could be felt. The tibia was also enlarged, and the joint stiff.

The leg was amputated July 25th, and although there was in the following month some pain in the stump, with prominent granulations, which excited some apprehension of the sore having been really cancerous, and about to reappear in the wound, yet he finally left the hospital October 8th, with the stump almost healed, and is now in better health than he had been for some time before the operation.

On examining the ankle, the bone of the heel was found inflamed, and rough and scabrous, as in common inflammation, but without any appearance of the disease having caused any other alteration of its structure.

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It appears then that the tumour may be easily and safely removed from any part of the body. In the leg, indeed, the removal of the whole limb must generally be preferable where the tumour is at all extensive; but if its size admits of excision, there need be no fear of the disease being re-formed in any texture except the skin. Still, however, if there be any doubt whether the bone below may have become carious, or otherwise diseased, from the proximity of the tumour, a portion of it may be taken away without adding to the length of confinement.

#### CASE V.

James Callcott, æt. 49, was admitted into St. George's Hospital, May 28, 1828, under the care of Sir Benjamin Brodie.

He had a yellow, wart-like fungus, about the size of a crown piece, which rose above the skin, and through which some bone was felt; this was situated in the centre of some old cicatrices. He had received a blow on the shin from an anchor twenty-seven years previous to his admission, which was followed by a large abscess, out of which some dead bone had been taken while in a naval hospital, after which the

wound healed. Fourteen months ago he received another injury, which was also succeeded by an abscess, at the bottom of which the bone was exposed. The exposed bone was believed to be dead, but as it was not loose, he left the hospital till it was in a fit state to be removed; soon after this the fungus formed, and he was re-admitted, when the tumour seemed to be connected with the bone or the periosteum, or both. June 5th, the tumour being removed with the periosteum, to which it was fixed, a portion of the bone which seemed to be more vascular than usual was taken away with the trephine, so as to expose the medullary canal. The vascularity did not extend more than a quarter of an inch in depth, and the bone was not otherwise altered. The wound healed well, and the man has since continued free from disease.

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There can be no doubt that the removal by the knife is far more effectual than any attempts to destroy it by caustics, since the whole thickness of the skin requires to be removed, and the action of caustics is too uncertain to lead to any reliance upon them. Experience shews the same thing with regard to the much smaller tumours producing phagedenic ulcers of the face in elderly persons, which, though sometimes destroyed by the use of caustic, are often irritated, and made to spread with increased rapidity, where the caustic has been insufficient entirely to destroy them.

## CASE VI.

I have placed before the Society a preparation, taken from a man whose leg was amputated for this disease in St. George's Hospital, by Mr. Gunning, when I resided there as house surgeon in 1823. The disease originated in the cicatrix of a gun-shot wound, received many years previously. In this case very fair and repeated attempts were made to destroy the disease by potassa fusa, nitric acid, and the actual cautery, but without any avail. I injected the limb after its removal; and the mode of extension by the warty circumference is very well seen, after a more healthy surface had been obtained by one of these means, and it shews the appearance of the disease in its third and last stage, which is as follows.

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After the tumour has become solid and prominent, a new action takes place in it, and the tumour ulcerates and sloughs alternately, with a great deal of pain and suffering, and it is destroyed down to its basis, so as to present the appearance of a foul excavated ulcer, except in its circumference, where the skin is raised, thickened, and everted, and from time to time warts are generated, which again ulcerate and slough, till the patient becomes gradually worn out by suffering, but without having at all the sallow and peculiar aspect of a person dying of a malignant disease; and on examination of the body, no disease of the absorbent glands is found, nor is

there, as far as I know, any sign of malignant disease in the interior of the body. This termination of the disease I witnessed in the following case.

*CASE VII.*

James Sturgess, æt. 34, was admitted into St. George's Hospital, under my care, January 18th, 1832.

Sixteen years previously he had a severe burn of the back, the cicatrix of which extends from the sacrum to the scapulæ, which remained quite well till about eighteen months since, when what he calls a small pimple appeared, which he picked off, and an ulcer formed, which has gradually extended to the present time. On his admission, the tumour, which previously existed, had disappeared, and an excavated ulcer, about eight inches by six in diameter, was left in the loins, the margin of which excited my suspicions at the time he entered the hospital, and the nature of the disease was soon manifested by the formation of warty projections on the skin.

It is unnecessary to occupy the time of the Society with a detail of the internal and external treatment which was adopted, since temporary amendment only was produced in the appearance of the sore, and only some alleviation of his sufferings. The ulcer was too large for excision, and it gradually spread till it was nearly eighteen inches in its long diameter, and ten or twelve in the other direction. He died,

exhausted with symptoms solely of irritation, on July 11th. Even when of this immense size, however, the disease had in no part destroyed the fascia of the back, and, except in one or two places where the sloughing had been most severe, the cutaneous basis of the disease still remained, though very thin.

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I shall be glad if the remarks I have thus presented to the Society, enable any surgeon to recognize this disease in its early stage, when it may be removed by the knife, without wasting time in the use of remedies, which seem to exert no substantial influence over its growth, and, if unsuccessful, will do much harm. The excision of the tumour, or warty ulcer, may thus prevent the necessity for the amputation of a useful limb, as in several of the cases I have related, or prevent the patient from being worn out by a disease that might have been eradicated, while its size still allowed of the operation.

If, again, the surgeon has dissected out such a tumour, or has removed a limb, when the tumour was too large to admit of separation, still it will be a great point to quiet his own and his patient's anxiety by a confident assurance that the disease is not in the least malignant, as cancer is malignant, but is on the contrary entirely local in its origin, and does not contaminate even the adjacent parts, except in a very trifling degree, so that no future mischief need be apprehended.

31, Half-Moon Street,  
Dec. 7th, 1833.