HISTORY

OF A REMARKABLE CASE OF

TUMOURS,

DEVELOPED ON THE HEAD AND FACE;

ACCOMPANIED WITH A SIMILAR DISEASE IN THE ABDOMEN.

By HENRY ANCELL,

SURGEON TO THE WESTERN GENERAL DISPENSARY.

READ JUNE 28TH, 1842.

FRANCES MASSENGER presented herself as a dispensary patient in May 1840. She was rather short and thin, her eyes blue, and skin of a very dusky yellow tinge; aged fifty-two, and unmarried.

The greater part of the scalp and face was loaded with solid tumours.* Those on the scalp were externally of a very florid colour, smooth, glossy, and denuded of hair. They varied from a pin's head to a horse-chesnut in size, and from a nearly globular to an irregular flattened spheroidal form, with a tendency to assume a mammillated outline. A few tumours, perfectly round in shape, and of a violet hue, were interspersed; forming a remarkable contrast to the former, and never attaining so large a size. Their colour evidently depended upon their vascu-

* See Plate V.

larity; vessels containing red blood being observed ramifying upon the parietes of those which were red, and larger vessels containing dark blood upon the violet ones; but their texture possessed a considerable degree of transparency, and there was, accordingly, an appearance of greater general vascularity than really existed. They were deprived of much of their colour on slight compression, but on suspending this the blood returned rapidly, so as to restore them to their natural hue. Some were sessile on broad bases. Others, including many of the largest, were appended to the scalp by short thick peduncles. One of the latter having been removed by incision, and divided diagonally, was nearly of a cartilaginous consistence. It exhibited a smooth, shining, semi-transparent texture, of a very pale pinkish hue, and was apparently homogeneous, except that a few distinct vessels, from which blood could be easily pressed, ramified through it. There was much greater vascularity in the investing skin than in the tumour itself. The scalpel employed was not rendered in the slightest degree greasy, and scarcely even soiled. The portions of the scalp from which the tumour was removed bled rather freely. One of the blue variety had been in the right ear for years, completely filling the meatus, and occasioning deafness. These tumours sometimes itched; considerable pain was excited by pinching them; and the patient's statement was, that "just before rain they shoot and leap a good deal," but otherwise they were free from uneasiness. Tumours of this

nature covered a great portion of the hairy scalp and forehead, and numerous small ones were scattered over the face, but here they were mixed with tubercles, which differed from them in their general characteristics, as will presently be described.

One of these tumours was re-examined after being kept about a fortnight in Goaltby's saline solution. The texture now presented more of a granular appearance; and although the integuments were very thin and semi-transparent, they formed an indistinct capsule, which could be torn from the subjacent parenchyma, leaving a very rough surface. A small portion of the substance from the interior having been opened out with a needle, placed between two plates of glass, compressed into a very thin stratum, and examined under the microscope with a glass an eighth of an inch focus, had, in the mass, an obscure cellular structure, and surrounding and attached to it were several distinct, nearly circular, nucleated globules, resembling those figured by Müller as characteristic of one variety of encephaloid disease.

The skin of the face, neck, and shoulders had a remarkable tawny aspect, and was very coarse and rough, the roughness depending almost entirely upon numerous tubercles before alluded to, many of them extremely minute, others as large as a split pea, and of all intermediate dimensions. They were most thickly set about the nose, eyebrows, and ears. The larger had all the characters of lenticular tubercles, depending upon hypertrophy of the dermis,

since they were smooth and very hard, of the same colour as the surrounding skin, and no sebaceous matter could be pressed out of them. Most of the smaller ones were manifestly follicular elevations, such as accompany other cutaneous diseases; they were a few shades whiter than the surrounding skin, resembling acne punctata without the black point, and exuding on pressure a white substance, similar to curdled milk.

The roughness and colour of the skin, the deep furrows on the forehead, the hair on the scalp being thinly set, coarse, and straight, there being very little hair on the eyebrows, an overhung eyelid, with thickening of the external ear, and of the skin between the alæ nasi and face by thick crops of tubercles, contributed altogether to give to the individual somewhat of that peculiar cast of countenance which has been delineated as characteristic of elephantiasis.

She came from Leicestershire; for many years worked as a labouring woman in the fields, and she stated that the disease appeared first at about fourteen or fifteen years of age, but a great many small tumours have grown during the last year or two. Her family history is by no means the least remarkable feature in the case, not only as respects the hereditary transmission of the disease, but from the fact that the females seem to be prolific in an extraordinary degree. According to her own account, corroborated by several of her relations, her grandmother was affected with similar growths on the head; her

mother had a large one in the same locality; she died dropsical at seventy-nine years of age, leaving a numerous family. A younger sister has had a mammary tumour extirpated; but she resides in the country, and I have been unable to collect any particulars respecting it.

Her eldest sister, aged sixty-four, is perfectly free from the disease. She has had fifteen children, most of whom are married; two of her daughters have each twelve children; and she has more than forty grandchildren and four great-grandchildren living; the whole of this branch of the family being exempt.

Another sister, aged sixty-two, is affected with a large crop of tumours on the head, forehead, temples, and about the ears. I have had frequent opportunities of examining them. They resemble the larger vascular tumours in the former case, but there are none of the smaller tubercles. It is curious that there is a solitary one, about the size of a walnut, differing totally from the others. It is round, quite moveable under the scalp, rather soft, and the investing integument is quite natural, and covered with hair. Its appearance is that of an ordinary steatoma, but on puncturing it with a lancet, a quantity of very tenacious, transparent, gelatinous matter was pressed out, which presented microscopically a very different appearance from that of those before described. It had not the distinct cellular structure belonging to the more solid tumours, but seemed to consist of transparent laminæ, irre-

gular in outline, without either the nuclei or striæ which Müller represents as characteristic of varieties of cancer. This individual is also the mother of a large family, several of whom, including two sons, are similarly affected. The children of the latter are at present free from the disease.

In no instance that I could discover has the disease been transmitted by the males of the family.

I am informed by Mr. Bryant, that the subject of the present memoir applied to him in July 1826. The tumours on the scalp at that time resembled tomatos. She stated that the late Mr. Rose, of St. George's Hospital, had previously extirpated a few of them. The remaining ones having become troublesome, Mr. Bryant at one sitting removed sixty. The latter gentleman assures me that their characteristics were then different; they were less firm; they did not approach a cartilaginous consistence; and on making a longitudinal incision, their contents were easily turned out. A few were removed by ligature, but this operation was attended with a great deal of irritation. The scalp healed in a few weeks, and the tumours were all reproduced within twelve months; the evidence that they had sprouted from under the cicatrized skin being conclusive, from the fact, that among those which came under my observation, many were sessile, compressed, and flattened, and marked by the cicatrices across their convexity, as it were binding them down.

On first placing herself under my care, Massenger informed me that she had enjoyed uninterrupted good

health for a series of years; but about five months previous to her application to me she discovered something hard in the abdomen. She commenced and ceased menstruating at the usual periods of life. On manual examination, an uneven tumour presented itself, occupying the right hypochondriac region, and at times she had experienced pain there, but otherwise she described herself as being quite well. Her pulse was at this time rather weak and small, her tongue perfectly clean, and the functions of life apparently well performed. After the lapse of a short period, however, ascites supervened, and proceeded to such an extent, that the tumour became imperceptible; this being followed by anasarca of the lower extremities. To a copious effusion of serum from the anasarcous limbs, succeeded a total retrocession of the fluid from the abdomen, so that the tumour in the latter became more prominent than ever. The pulse was now weaker and smaller, and it became quick. The tongue continued clean, and the functions of the alimentary canal were well performed until a very short time before her death. The anasarcous limbs inflamed, ulcerated and sphacelated. The action of the lungs continued perfect, and she retained her mental faculties, with a remarkable cheerfulness of disposition, till the last; but she sank, gradually exhausted, and died in February 1842, being twenty-one months after her first application at the dispensary; neither the cutaneous affection or the abdominal tumour having

undergone any perceptible variation during that period.

Inspection thirty-six hours after death.—The deviations from healthy structure in the interior of the body were observable chiefly in the abdomen; and in particular, the peritoneum exhibited a most extensive and remarkable state of disease. This membrane was generally opaque, but with a shining surface. The portion lining the abdominal parietes was very considerably thickened and indurated: it was also studded with myriads of tumours, projecting into its cavity, many of them not greatly varying from the size of peas, and the whole producing a yellowish granulated appearance. The peritoneal surface of the diaphragm was thickened and studded with similar tumours, either in patches from the size of pins' heads to that of small peas, closely huddled together and compressing each other; or more thinly set, very minute, white and semi-transparent. The general aspect of these growths might be likened to that of crops of vegetation, where the seed has been sown thicker in some places than in others. The minute specks were sessile, and in many instances scarcely, if at all, raised above the surface; but all the larger ones tended to become pendulous, and some were completely so, hanging by short necks.

From the transparency of the surface, and the circumstance that in all probability there was no elevation at the site of the most minute granules,

there can be little doubt that the affection was seated in the cellular aspect of the peritoneum. The vessels in the peritoneal coat were much more numerous and distinct where the morbid deposit occurred in the greatest quantity, and in many instances there were large vascular lines running parallel to each other, and terminating in patches of it, with distinct minute branches to individual tumours. The great omentum throughout its extent presented an appearance as if the fat had been absorbed, leaving a very delicate frame-work of cellular tissue, with blood-vessels ramifying, and numberless granules, about the size of pins' heads, scattered over it, somewhat resembling a choroid plexus on a large scale. There were a few small rounded masses of yellow fat remaining, with specks of the morbid deposit on their surfaces. Interspersed throughout the tissue of the omentum, besides the granules already described, there were larger masses, resembling in size and general appearance, the smaller vascular tumours on the scalp, but they were more constantly of a globular form, some bearing a very close resemblance to schoolboys' veined marbles, and some being nearly white. Many were suspended only by one or two large inferent and efferent vessels, with a few loose shreds of cellular tissue. A portion of the omentum having been injected and some of the tumours divided, the injection was found chiefly on the surface, in what might be deemed an obscure capsule, but a few injected vessels could be traced to

the interior. The mesentery was in a condition very nearly similar to that of the omentum, but in the former there were masses much larger and more irregular in outline, which also seemed to hang by the vessels of the part. When cut into, these growths were found to possess a consistence as firm as cartilage, a variegated red grey yellow and greenish colour, an obscurely cystiform structure, and slight but manifest vascularity. There were a few mesenteric glands, slightly hypertrophied, but beyond this no glandular disease could be discovered. The surface of the intestines was speckled with the minute granules, much more thinly set than in the situations before referred to.

The peritoneal coating of the superior surface of the liver was thickened, opaque, and free from the deposit; but attached to the anterior edge of this viscus, in a manner suspended from it, and extending beneath the right lobe, displacing and pressing the gall-bladder downwards into Glisson's capsule, a very large mass was found, weighing perhaps two pounds. It had evidently been deposited between the layers of peritoneum at the anterior edge of the liver, since the membrane was continuous from the surface of the organ over the tumour, the whole of which it enclosed as a capsule. The thin edge of the liver was however spread to a considerable extent over the upper and anterior parts of the surface of the tumour. The gall-bladder was stretched along its under surface. Two or three small deposits were also observed

near the larger mass, but isolated in the substance of the organ, and a great number of the pendulous tumours were attached to the loose cellular membrane which surrounded these parts and to that which constitutes Glisson's capsule. The divided surfaces of these smaller tumours presented an appearance similar to those of the vascular tumours on the head and face. The remaining portions of peritoneum, including the coat of the stomach, spleen and kidneys, and the viscera themselves, were apparently healthy.

The large tumour was of an irregular ovoid form, with a nodulated surface. It possessed a very firm texture. The scalpel with which it was divided diagonally was not soiled in the slightest degree. The tints presented by the cut surfaces were extremely varied, green and greenish yellow predominating. It was nearly white, and almost cartilaginous at its centre, and there were distinct fibrous radii, of irregular dimensions, proceeding from the centre towards the circumference.* The remainder of its substance was made up of large lobules, varying in size, and these again presented an indistinctly cystiform aspect in their interior and outline. Some of these lobules appeared as if originally isolated, but being involved in the general capsule, their growth and expansion outwards was thereby limited, and they had gradually approached each other internally, until they formed

* See Plate VI.

one compact mass by compressing the intervening cellular tissue into fibrous septa. Blood oozed on pressure, from a good many red points, but the tumour could not be called highly vascular.

A considerable quantity of limpid fluid was found in the ventricles and between the membranes of the brain, and the arachnoid was slightly opaque. The thoracic viscera and membranes were healthy. A tumour about the size of a pea, and another considerably larger, were met with in the substance of the uterus, but were not minutely examined.

Some of the profession who saw the external tumours designated them molluscum, others vascular sarcoma, and the terms scirrhus, fungoid growth, encephaloid in a crude state, albuminous sarcoma, and colloid cancer, have been applied to the internal disease. Mr. Kiernan made the section of the large mass, but declined giving it any name. I have accordingly avoided any attempt at classification, but submit a description of the case to the Society, with two accurate drawings, hoping it will prove acceptable, as a contribution towards a more complete history of diseases called malignant.

Remarks.—These relate more particularly to the character of the vascular tumours on the head, to that of the internal disease, and to the question of their identity.

The case is analogous in many interesting particulars to several of those which authors have

designated molluscum, the only comprehensive treatise on this subject in the hands of the profession being a work by Dr. M. M. Jacobovicz;* but in the cases which he has collected, the cutaneous tumours and the histories which accompany them, differ so widely, that it is necessary, for the purpose of comparison, to refer to each of the three varieties of the genus which he has attempted to establish.

The first variety, the *molluscum fungosum*, comprises the molluscum pendulum of Dr. Bateman,† and a cutaneous disease endemic in Amboyna and the Molluccas, designated by Alibert *mycosis fungoides*. It includes other forms of the mycosis of the latter author, also the mollusciform cancer of Rayer, and the celebrated case of Reinhardt published by Tilesius, to which the generic term was originally applied. The *molluscum contagiosum* of Bateman‡ constitutes the second variety, under the designation *tubercula atheromatosa*. And the third variety, or the *tubercula variegata*, is founded on a single case described by Dr. Jacobovicz himself.

There are other cases recorded by authors as instances of molluscum, and in particular that of Latham, which occurred recently at the Westminster Hospital, and has been described by Mr. F. H. Thomson.§ It can scarcely be doubted that diseases

* Recherches Critiques. Paris, 1840.

† Delineations of Cutaneous Diseases, Pl. LX.

‡ Lib. Cit. Pl. LXI.

§ Lancet, May 15th, 1841, p. 256.

of a very different nature have been thus classed together, and it is by no means surprising that Dr. Jacobovicz should avoid a definition, having found it necessary to render his general description of the genus very comprehensive.* Two circumstances strike the mind forcibly on perusing these cases. In the first place, the histories are all very imperfect, and our knowledge of their nature and causes very defective; and secondly, the relations which evidently subsist between them and maladies usually designated malignant, have been very little investigated.

Although I am unacquainted with any more appropriate nosological position than the genus molluscum for the case of Massenger, the external tumours do not correspond very closely, in their history and general characteristics, with any of those which have been referred to. In their dimensions and form,—apparently unconnected with any destructive constitutional disorder, and having no obvious natural termination,—they answer to Dr. Bateman's description of molluscum pendulum, but they differ from this, and also from the contagious variety of the same author, in possessing greater vascularity and sensibility, and being nearly uniformly firm in texture, instead of containing an atheromatous matter or a milky fluid. They differ from all the cases cited, except one, in their particular locality, and from the complaint described by

* Lib. Cit. p. 2.

Bontius, (Mycosis fungoides of Alibert,) the case of Lucas, recorded by the latter author, and the tubercula variegata of Jacobovicz, in having no tendency to suppurate, ulcerate, or form crusts, and from the latter they also differ in size, colour, mode of development, and in the appearances which they ultimately assumed. They agree with the case described by Rayer in the circumstance of a coincident internal affection of a similar nature; but in his case the lymphatic glands were affected, the internal seat of the disease was the mucous membrane of the stomach, where the tumours proceeded to suppuration, and other internal organs contained cerebriform matter. Although there was no wallet-like appendage, the case corresponds with that recorded by Mr. Thomson in the existence of a slight tendency to hypertrophy of the dermis, or of the cellular tissue immediately subjacent, and in the circumstance of the development, after the continuance of good health for a series of years, of a very large mass of the morbid growth at one particular site, this again being unattended for a long time by any decided derangement of health. In their external appearance the tumours correspond most closely with those which occurred in the case of Reinhardt, but here again we meet with distinctions more or less important; in the case before us the tumours were confined to a particular part of the body instead of being universally distributed; there was no wallet-like appendage, no discharge, no central aperture, and no symptoms of constitutional irritation.

If we could regard the pale dermoid tubercles and the follicular elevations as having an essential connection with the production of the vascular tumours, the analogy would be strengthened between this case and many of those which have been described as molluscum: but these occur so frequently without any other cutaneous affection, and so frequently occompany diseases of the skin, other than the tumours in question, that they may be looked upon as an accidental association; a view of the case which is supported by the fact that the surviving sister affected with the vascular tumours is at the same time perfectly free from these cutaneous changes.

On the other hand, the external tumours described in this memoir correspond in their firmness and density, in their semi-transparent glossiness, in their adhesion to the cutis, and in their liability to return after extirpation, with the most accurate descriptions of scirrhus; but they approach encephaloid disease in being rather more vascular, although their vascularity is in a great measure confined to their surface. They appear to agree also with the latter variety of carcinoma, in their intimate microscopical structure and the form of their component cells. It is remarkable that one tumour in the midst of the others, on the head of the surviving sister, should possess the gelatinous consistence and probably the microscopical structure of colloid cancer. Nor can we overlook the fact mentioned by Mr. Bryant, that sixteen years ago they were all softer, and in other respects of a different character. Yet there is no

evidence before us, (although, in the case which has been described, these tumours were known to exist forty years,) that they are possessed of any inherent tendency to destruction, this tendency being admitted as a part of the definition of carcinoma.*

Similar remarks apply to the diseased mass in the abdomen. In the characters above referred to, in the scalpel employed for its division remaining unsoiled, and in its central, fibrous and radiated structure, this answers to scirrhus, while in the magnitude of the larger mass, in the diffusion of the deposit, and in the more distinct cystiform appearance of its lobules, it approaches encephaloid or fungoid disease. On microscopical examination, the peritoneal masses exhibited a structure made up of cells. I failed in obtaining a sufficiently distinct view of these cells to enable me to describe them, but Dr. Hodgkin, who examined them at an early period, and before they had been put into the saline solution, informs me that they are nucleated, and larger and more irregular in outline than those of normal structures, thus agreeing with malignant growths in general. Although the internal disease, as well as the cutaneous affection, must have existed a very long time, there was not the slightest attempt at maturation, nor were the symptoms which occurred during the last illness of the patient, or the circumstances which preceded her death, at all allied to those which constitute the cancerous cachexia.

* Walshe, Cycl. of Practical Surgery, Art. Cancer.

I was kindly referred by Dr. Hodgkin to some preparations of peritoneal tumours, very closely resembling the present, in the museum of Guy's Hospital; the man from whom they were taken being twenty-one years of age, of strumous appearance, and an irritable and morose disposition. He remained in the hospital but a short time. The digestive functions were much deranged; pain in the abdomen occurred, associated with ascites; there was a weak and small pulse, and he gradually sank. The peritoneum was found to be almost universally covered with nodulous pedunculated tumours of great variety in size and colour; the liver was loaded with "scirrhous, or remarkably hard fungoid matter, presenting, in places, the form of compound cysts," and bony matter was deposited in some parts, the saw being required for its division.

Within a few years past I have made several *post-mortem* examinations, in which a diseased growth was met with in the abdomen, very closely resembling, if not identical with that which has been described. I allude to them in this place, because, to the best of my recollection, aided by a few rough notes, there was no attempt whatever at maturation, and the patients all died of intercurrent diseases, without the constitutional symptoms of carcinoma.

A little consideration will, I think, enable us to determine an identity in the nature of the external and internal affection. There can be little doubt, that the one was developed in the cellular surface of the cutis, and the other generally in that of the peri-

toneum. The tumours in both localities, as respects their forms, the variable colours of their surfaces, their modes of growth, with their tendency to become mammillated, their consistency, semi-transparency, and the distribution of their vessels, perfectly correspond. The only circumstances in which they appear to differ, are the comparatively unimportant ones, that the scalp tumours present but very obscurely any trace of fibrous texture in their interior, that they have none of the yellow and green tints observed in the abdominal tumours, and that they are all of limited dimensions.

The present case, that recorded by Jacobovicz, and probably that of Lucas, described by Alibert, furnish additional examples of the transmission of a remarkable cutaneous affection, (as in the celebrated porcupine family,) through several generations. The latter disease was propagated in the male line. So far as the histories of the former cases extend, they were transmitted only in the female line. The interest of the facts is greatly increased by the resemblance which the abdominal affection bears, on the one hand, to the cutaneous affection, and on the other hand to abnormal growths, which occur unaccompanied with any disease of the skin. Upon the whole, then, it would appear, that there exists a diathesis or state of constitution subject to an aberration of the nutrition of various parts, or a particular tissue, and that the local aberration as well as the diathesis are deficient in some of the characteristics of cancer, although, from the simili-

tude in anatomical structure of the diseased tissue to true scirrhus, attended with symptoms of cancerous cachexia, we can but suspect that, owing to causes superadded, these growths are liable to become carcinomatous and destructive.

Explanation of the Plates.

PLATE V.

Representation of the appearance presented by Frances Massenger, whose case is described at page 227.

a—The vascular tumours, somewhat resembling tomatos.

b—A tumour whose outline has been modified in its development by the pressure of a cicatrix.

c—The pale dermoid tubercles.

PLATE VI.

Sections of the tumours attached to the liver and mesentery in the same case.

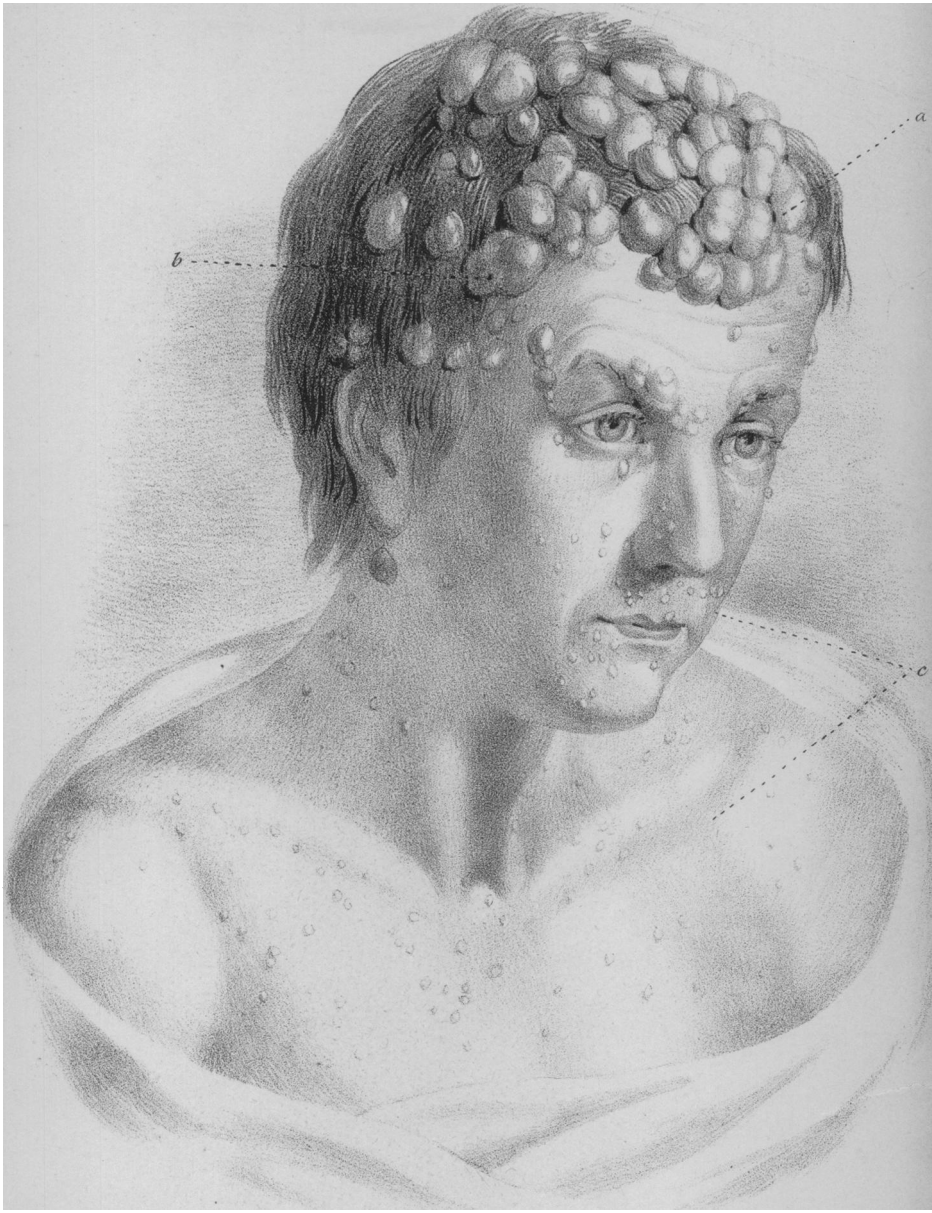
a—The cystiform appearance.

b—Lobules.

c—Radii.

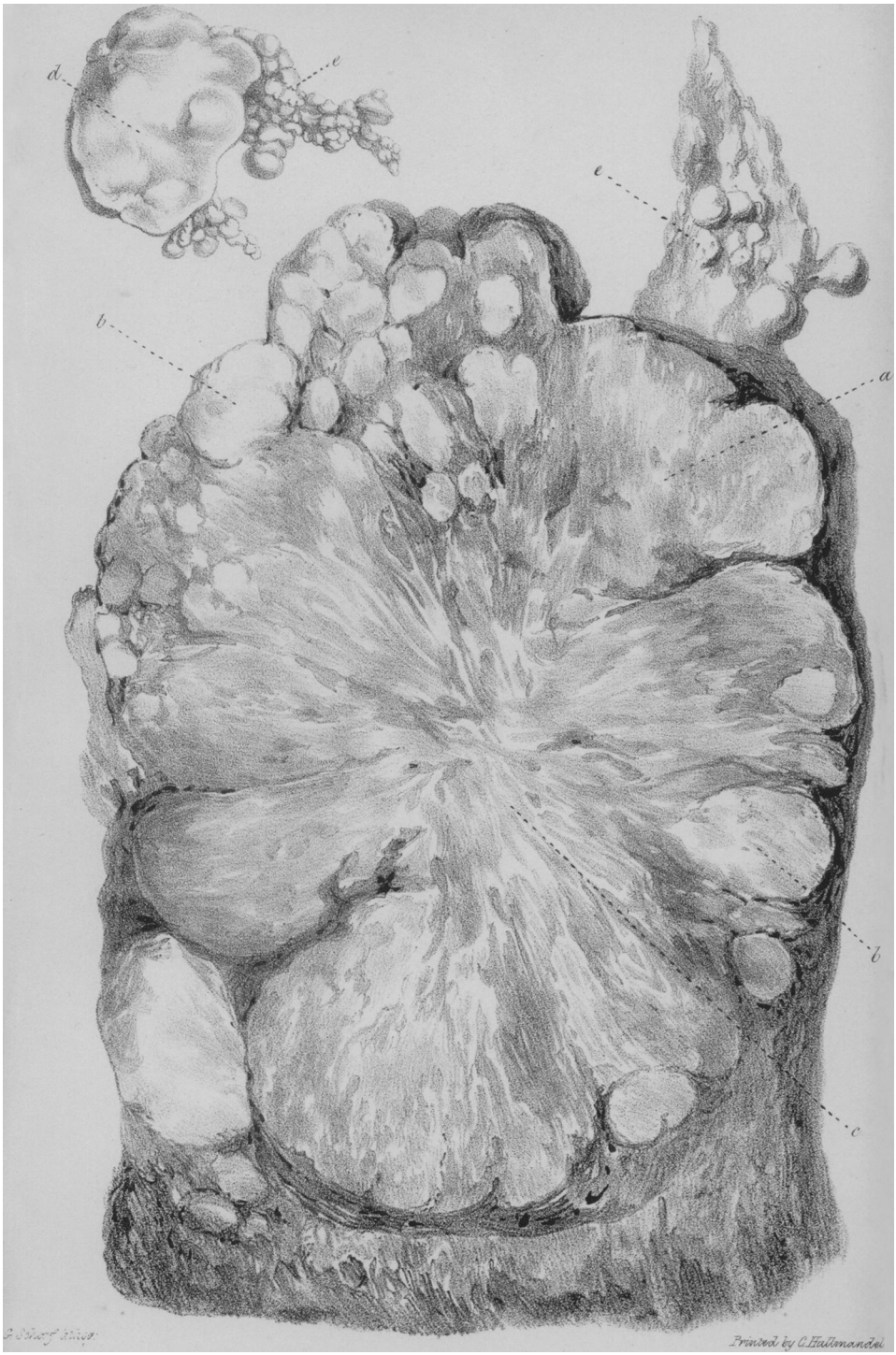
d—A similar tumour from the mesentery.

e—Pedunculated tumours attached to the larger masses.



C. Scharf lithog.

Printed by C. Hullmandel.



J. Schaff Sculp.
Printed by C. Hullmandel