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THE USE OF WEAK COCAINE
SOLUTIONS IN OPERATIONS
FOR THE REMOVAL OF CER-
VICAL TUMORS.

BY

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NEW YORK.

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THE USE OF WEAK COCAINE SOLUTIONS IN OPERATIONS FOR THE REMOVAL OF CERVICAL TUMORS.

By FREDERIC GRIFFITH, M. D.,
NEW YORK,

SURGEON, BELLEVUE DISPENSARY; FELLOW OF THE NEW YORK ACADEMY OF MEDICINE; ASSISTANT SURGEON TO THE NEW YORK POLYCLINIC SCHOOL AND HOSPITAL; ASSISTANT SURGEON (G. U.) TO THE NEW YORK HOSPITAL (HOUSE OF RELIEF), ETC.

Cocaine will never usurp the place held by chloroform and ether as an anæsthetic in the hospital, for the reason that it divides the operator's attention. For the office patient and when away from the help accorded by the house staff, however, the perfection of procedure by this means must ever command attention. Bodine has shown conclusively that hernial operations are clearly within the scope of cocaine surgery. The dissection of the neck in cases of tumor formation, particularly those of tuberculous adenomata, would seem to be contraindicated from the very tediousness of the task. The following reports are the case histories of cervical tumor formations removed under the influence of cocaine anæsthesia obtained by $\frac{1}{4}$ per cent. to $\frac{1}{8}$ per cent. solutions of the drug in a warm, weak soda solution:

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CASE I.—Madam H., aged fifty years, is a French boarding-house mistress. For seventeen years she has carried a painless growth at the root of her neck posteriorly. According to the woman's statement, it developed from a water blister, which followed a too rapid descent from a mountain top in her native country. By dissection with the aid of the weak cocaine solution, already mentioned, the tumor, adherent to the muscle and subcutaneous tissue and partially encapsulated, was painlessly removed. A pig-skin appearance, due to fibrous adherence, was manifest over the skin surface. Examination proved the growth to be a fibrolipoma weighing fourteen ounces. Healing was prompt by primary union, and at the end of two years and a half the scar is a white line and freely movable.

CASE II.—Mrs. R., aged forty-one years, a housewife, presented a growth of twenty-three years' standing. This mass had developed in the scalp at the base of the skull, and was about the size of a hen's egg. Beside it was another mass about the size of a lima bean. The clinical diagnosis was made, and examination, after removal under the influence of a weak solution of cocaine, proved the growths to be sebaceous cysts. Healing occurred without infection.

CASE III.—M. B., German, aged twenty-three years, a baker by occupation, had a tumorous development upon the right side of his neck, filling up the space and bulging out from between the angle of the jaw and the ear. The glandular enlargement, for such it was, had developed from no assignable cause. The mass had reached its present dimensions during the course of seven months. Removal of the several agglutinated superficial glands, making up an irregular mass somewhat larger than a chicken egg, was accomplished after an hour and a half of careful dissec-

tion. The gland capsules, being bound down in all directions, rendered the normal anatomical landmarks of little value, and dissection was accomplished only with the greatest care. Painful manifestations after the initial incision were controlled at once by the injection of weak cocaine solutions. The wound was closed and drained from the lower end by means of a rubber tube. The next day the patient was found doing well, with a normal temperature. Two days later the wound was dressed, and the drainage tubes were removed. There was no pus, but a serous, fatty discharge was present. Healing from this time on continued uninterrupted. Twenty-three days after operation the site of the wound in this patient was a healthy red scar, but, owing to either the irritation of the operation upon similarly infected glands or to a nidus left behind in the shape of a piece of partially dissected gland-tissue, the entire posterior chain of superficial glands had become enlarged. Their removal was likewise decided upon, and eighteen bean-sized glands, arranged in pairs, in a chain on a line parallel with the anterior border of the trapezius muscle and extending down almost to the clavicle, were removed. Weak cocaine solution was used in the first part of this latter operation, as had been done in the first, but the last of the dissection was carried out under ether anæsthesia, owing to the nervousness of the patient, which was partially due to too little exercise of patience upon the part of the operator. Healing occurred in the second operation by primary union, and the patient has had no return of symptoms after a period of eighteen months. Examination of the glands removed at both operations proved them to have undergone tuberculous degeneration. The large mass first removed was found to have undergone liquefaction necrosis in the centre, and it was filled with cheesy masses in a watery, pus-like fluid.

CASE IV.—Mrs. E. B., aged forty-three years, the mother of adult children, has had, for a period of eighteen years, a hard lump in the right cervical region. This mass was deeply seated under the ear and somewhat anterior to this organ. The tumor began as a little pimple under the skin, it was painless, but the patient sought its removal from fear of probable future consequences. It was removed and, while requiring deep dissection, during the operation no pain was felt by the patient, who was under the influence of the weak cocaine solution. The tumor was found to be an enlarged, encapsulated gland, about the size of a pigeon's egg, thick-walled and undergoing softening in the middle. Healing occurred promptly in this case. The wound was drained with a horse-hair wisp for twenty-four hours through an orifice made at the lower end by allowing the last suture to remain loose. The wound was entirely healed by the end of the eighth day and, as the line of the scar took the course of a neck wrinkle, the result was most satisfactory. For a period of fourteen months there has been no sign of reappearance.

CASE V.—J. O'H., aged twenty-nine years, an assistant engineer by occupation. For seven or eight years this patient had noticed a small papillomatous growth situated just within the hair-line in the posterior cervical region. The mass was painless, but was gradually increasing in size, hence he sought its removal for cosmetic reasons. Dissection was accomplished painlessly, but the growth was found very adherent to the subcutaneous tissue at the root. Nourished by an artery in size out of all proportion to the growth, bleeding was free and could not be stopped by a hæmostat, owing to the insufficient length of the vessel. The application of the sutures, however, readily controlled its action. Healing occurred in a week without infection.

CASE VI.—J. K., an Irishman, aged twenty-four years, a pipe-wrapper in subway work. He presented for removal a tumor upon the right side of his neck, extending from below the ear to the border of the thyroid cartilage in front (Fig. 1). It was not painful, but the patient complained of its size and stiffness when turning his head to the right side. It was very hard to the touch and did

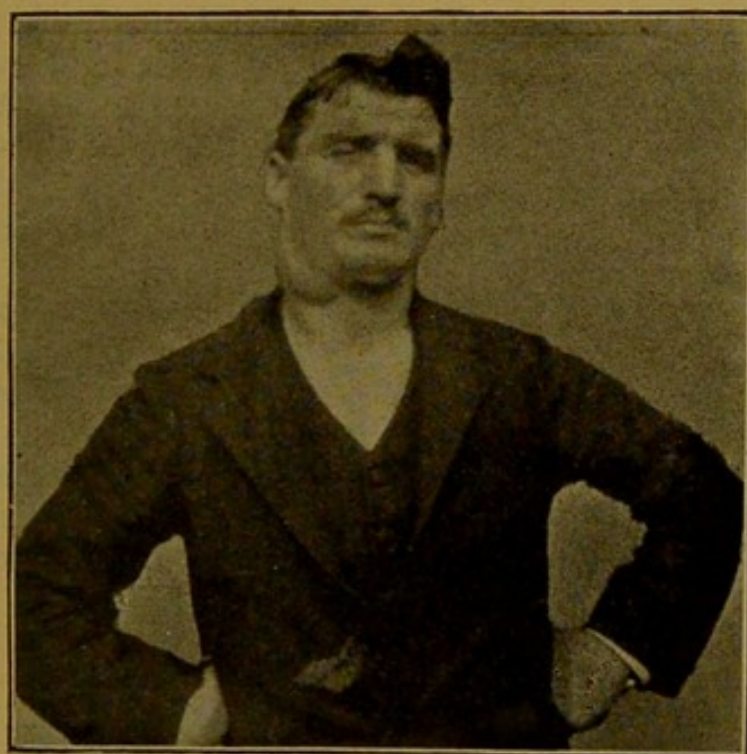


FIG. 1.—Dr. Griffiths's Case VI. . Showing tumor.

not fluctuate. The patient dated its origin from a severe toothache in a right lower molar eleven months before. The patient used chewing tobacco, but had never smoked. Under a weak cocaine solution (skin-injection anæsthesia) an incision four inches long was made parallel to the surface line of the lower jaw and over the bulge of the growth. The further dissection demonstrated two distinct glands, a single large one ad-

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herent to the inner side of the deep cervical fascia, and a small bean-like gland external to the fascia, the sternocleidomastoid muscle being displaced backward. In removing the larger gland, to facilitate its handling near the end of the dissection, I grasped it in the jaws of a volsella forceps; this procedure was followed by an evacuation of several ounces of a yellowish-green, soup-like fluid,

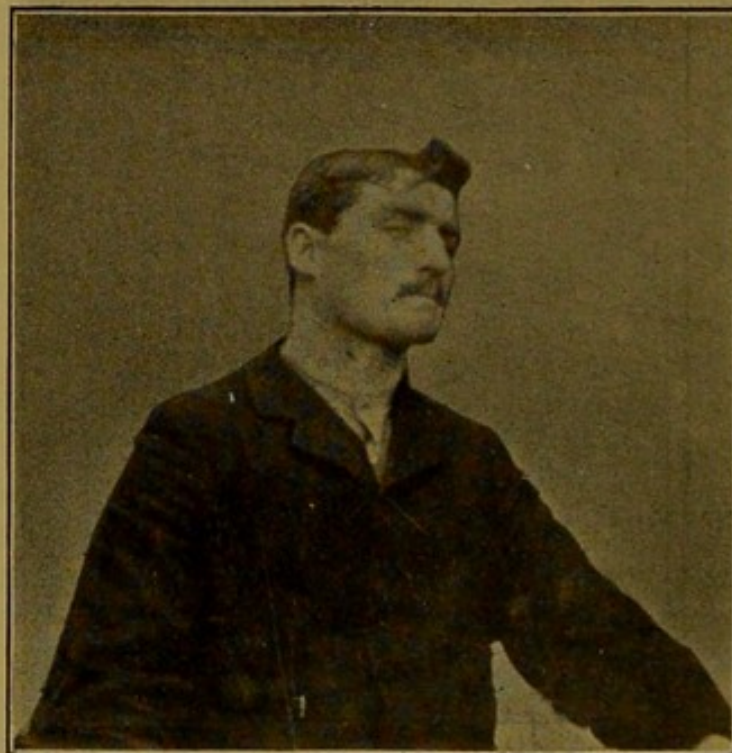


FIG. 2.—Dr. Griffith's Case VI. Taken on the fifth day after removal of the tumor.

leaving behind a thick-walled sac. Stuffing the sac with absorbent cotton, I was enabled to complete my dissection unhampered, which included the space before the great vessels, and which presented a beautiful demonstration of the carotids and their lower branches with the lingual and descendens noni nerves and their relationship. The space left after the removal of the glands was so

large that, fearing too much oozing might take place, I stuffed it with gauze, leaving an orifice at the bottom for withdrawal. The packing was removed eighteen hours later, the patient having passed a good night, but he was unable to swallow solid food, owing to the bulk of gauze in his throat. Its removal was followed by the escape of about a drachm of blood-stained, fatty fluid. A small twist of rubber-tissue was inserted as a drain for possible future collection of fluid and the wound dressed with a pad of light, fluffed gauze. When redressed upon the third day, all oozing was found to have ceased, and the site of the draining wound had changed to granulation tissue. A photograph taken upon the fifth day (Fig. 2) showed the wound to have closed entirely by primary union, save for a granulating area at the drainage orifice, which latter was drawn together by means of an adhesive strap over narrow, covering strips of rubber-tissue. By the end of the seventh day the wound had entirely healed; the dried, knotted ends of the sutures were picked off, and further dressing became unnecessary.

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