CASE OF
FUNGUS HÆMATODES

CURED PRINCIPALLY BY LIGATURE.

By CHARLES CLAY, Esq., Surgeon, Manchester, Lecturer on Medical Jurisprudence, &c.

HUGH CARLETON, ætat. 60, of China-lane, Manchester, applied to me for relief under the following circumstances:—Nearly two years ago he was engaged in fixing some iron piping five or six feet from the ground, when the end fell down and struck the nipple of his right breast a severe blow. As the painful sensation was soon over, he thought little of it; but in a few days a swelling, the size of an egg, appeared, with considerable pain. He applied to a surgeon, who plunged a lancet in it, and a quantity of almost colourless liquid was evacuated; contrary to expectation, the tumour did not subside, but from that time to the period of his consulting me, it rapidly increased, and when I first saw it, its probable weight was near three pounds, highly vascular over its whole surface, extremely painful, and attended with profuse hæmorrhage on the slightest exertion. In consequence of the latter, the patient was reduced to the last stage of debility. The circumference of the tumour round its base was about twelve inches, and at its apex about fifteen, and stood out from the chest at least eight inches. The whole of the upper surface of the mass appeared as full of vessels as a placenta. The constant danger from hæmorrhage rendered it imperatively necessary that something should be done, whilst its situation and vascularity condemned any attempt at extirpation by the knife; for the present I simply applied common dressings of lint, wet with astringent lotion, and advised the patient to be very quiet, being determined to watch the case closely, and act as future circumstances rendered necessary. I was not kept long in suspense; I was hastily called to visit him on the 12th of July last, and found life all but extinct from hæmorrhage. I instantly passed a strong ligature round the neck at the base of the tumour, and drew it very tight. I had the greatest possible difficulty in restoring my patient to animation, and for three days he lay in an almost hopeless state, from extreme exhaustion, and the excruciating pain of the ligature. On the 16th, I passed a second ligature round the base, and afterwards cut away the first. This was attended with great pain, and required powerful opiates to obtain some little mitigation of suffering. My patient now had frequent fits of delirium; his appetite entirely left him, and he appeared rapidly sinking. I felt doubtful as to proceeding, but as the case offered no further prospects on desisting than proceeding, I determined to go on with the ligatures, particularly as the patient in his

lucid intervals desired it. I therefore renewed the ligature every third day, and found it was rapidly cutting through the base, leaving a healthy surface behind. From the first application of ligature no hæmorrhage had occurred.

July 27. The parts now uncut by the ligature appeared less vascular than those cut through, and in great apprehension of my patient sinking from exhaustion, and the severe pain attendant on every new ligature, I concluded to cut it entirely away by the scalpel, which the poor man willingly consented to. A healthy-looking sore now presented itself, which, from the excessive debility prevailing, was extremely slow in healing.

I have now, Sept. 20, dressed it for the last time. No appearance of fungus, and the man is quite well, excepting debility, which is daily giving way to a generous diet and tonic medicines, which is considerably more than I ever anticipated from the severe nature of the case, its situation, and the advanced age of the individual; but it serves to show what perseverance and determination will effect. In this case, the conduct of the patient was beyond all praise; there are few, indeed, who would have suffered so many renewals of agonising pain.

It is more than probable that many cases of this formidable disease might be treated successfully by ligature, as it is my opinion, in many circumscribed cases, the diseased mass is not so deeply connected with the system as to be pronounced hopeless. Few cases bore a worse or more unpromising appearance than the one here quoted, and yet it has been obliterated by local means. In such cases, where frequent hæmorrhage is a prominent feature, I should not hesitate to apply the ligature for a few days; then, when the parts included were sufficiently deadened, I would cut through them. My first intention, in the case here given, was to use a silver wire ligature, with a running noose, that could be tightened daily without removing; but I soon abandoned that idea, because I found it was a ligature for pressure more than cutting that is required for the first few days: when the mass included is sufficiently dead, a silver wire might be used as cutting more freely, but at this stage, to save the patient's suffering, I should prefer the knife. The ligature I made use of was a piece of strong greased tape.

PUERPERAL CONVULSIONS.

To the Editor of THE LANCET.

SIR,—The following concise detail of a case in midwifery, accompanied by most violent convulsions, is at your service for publication. I have retired from the general practice of my profession in consequence of the impaired state of my health.

I was upon a visit to my son, Dr. George Morley, of Swinderby, near Lincoln, this summer, when, on the 14th of July, I was sent for by Mr. Johnstone, a respectable surgeon of Bassingham, in consultation upon an extraordinary case of midwifery. I had not been in the patient's room two minutes before she had a return of a convulsive fit, and of the most alarming character, accompanied by gnashing of the teeth, foaming at the mouth, countenance and hands black, and requiring several persons to keep her in bed. We immediately held a consultation, and decided that the first step to be taken should be bleeding, which having been accomplished, we waited for the result, and in less than ten minutes our patient had a return fit, and though truly alarming, it was not so violent as the preceding one. Under these circumstances we thought it prudent not to proceed to delivery by artificial means, until we had given further time to see what nature would do. My arrival at the patient's house was between eight and nine o'clock in the morning, and ten o'clock having arrived, the convulsions still continuing, and there being no prospect of delivery from the efforts of nature, we concluded that the most judicious mode of proceeding, with a view of saving both the life of the mother and child, would be to deliver by artificial means; and for this purpose Mr. Johnstone placed the case solely into my hands, and, I think, much to his credit, I being the much older practitioner. I felt that a great responsibility was delegated to me—that of the life of two individuals, mother and child. I applied the vectis soon after ten o'clock in the morning, and in three-quarters of an hour I effected the safe delivery of a living child. Before this was accomplished, I informed the attendants and relatives, that in all probability the convulsions would continue after delivery, which was the case, but in a greatly mitigated degree. Our patient was totally insensible at the time of delivery, and continued so several days; but by the subsequent judicious treatment and great attention of Mr. Johnstone, both mother and child, at the end of the month, were as well as if the case had been of an ordinary character.

The treatment consisted mainly of an occasional use of the catheter, enemata, anodynes, with cold applications and blisters to the head; for we were of an opinion that the proximate cause of the convulsions was an undue pressure upon the brain.

Upon my return to Hull, I referred to Dr. Smellie's publication, the edition of the year 1766, a popular work on midwifery; and I found four cases detailed by him attended by convulsions, one of which proved fatal, the doctor imputing it to procrastination, occasioned by the folly of interference on the part of the relatives. In my younger days I had read Dr. Smellie's work; but his mode of practice did not recur to me in

the present case, and had it, I am pretty sure I should not have pursued it, for I find he preferred turning and delivering by the feet, even in *natural presentation*. Cases may occur which would sanction such a line of proceeding; and one has occurred to me during my residence in Hull, the placenta having been placed over the os uteri, with a strong morbid adhesion, attended by profuse flooding. In this case I effected the delivery of a living child by turning and delivering by the feet, and both mother and child did well. But in the case of convulsions (and it is fortunate they are of so rare an occurrence, for notwithstanding I practised in midwifery between thirty and forty years, and that extensively, at Wellingore, in the county of Lincoln, I never met with a case with the exception of the one just recited), being of an opinion that the proximate cause is an undue pressure upon the brain, it appears to me to be more reasonable that such artificial means should be used as are least likely to increase that pressure, and in my opinion either the forceps or the vectis, when carefully and judiciously used, will effect this; I mean only when the presentation is natural. Before I conclude, I will mention that, in applying the vectis in this extraordinary case, I made no extracting force whatever, only when the *natural pain returned*; during the convulsions I ceased altogether, and as both the mother and child did so well under this treatment, the fact will bear the repetition which I have just given, there was no violation of nature's rules, only an aiding of them. I remain, Sir, your obedient and humble servant,

JOSEPH MORLEY, M.R.C.S.,
Late of Wellingore, Lincolnshire.
Hull, Oct. 14, 1841.

ULCERATION OF THE STOMACH, FATAL BY PERFORATION.

To the Editor of THE LANCET.

SIR,—The following case, as illustrative of a very insidious and fatal disease, may perchance merit a place in the pages of your Journal. I have the honour to be, Sir, your obedient servant,

STEPHEN H. WARD.

7, Wellclose-square,
Oct. 18, 1841.

W. H., a carman, forty years of age, of a lymphatic temperament, having previously enjoyed moderately good health, was seized a little before one on the morning of Tuesday, October 12th, with excruciating pain in the abdomen, more especially referrible to the epigastric region, attended, however, by so violent a spasm of the abdominal muscles, as in a great measure to mask the more immediate seat of pain. These symptoms were accompanied by incessant vomiting, consti-