

CASE OF WOUND OF THE PALMAR ARCH.

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ON the 17th of Nov., 1856, Francis E., a large, robust farmer, aged 28 years, on withdrawing his arm from a corn-crib, received a wound on the ulnar border of the palm of the hand, about half an inch anterior to the distal margin of the pisiform bone. He paid little attention to the injury, supposing it to be merely a puncture from a nail which he observed to protrude in the aperture of the crib, and consequently continued his usual avocations for a day and a half, when the pain and swelling became so intense he was forced to take to his room. He now applied the usual domestic remedies for the space of two days, and finding no relief, sent for Dr. — to attend him.

The doctor regarded the intense swelling of his hand and arm to be *erysipelas*. There was high constitutional excitement, or, as he expressed it, "the system was highly inflamed." There was *no inflammation of the skin whatever*. For this, he bled the patient largely, administered a dose of the sulphate of magnesia, and to the hand and arm applied *acetate of lead and laudanum*, and the tincture of iodine to the flexors of the elbow to prevent the affection spreading. Notwithstanding this treatment, the affection continued unabated in its progress, until the whole arm became involved in phlegmonous inflammation.

On the 22d, a small blackish swelling made its appearance on the wrist, just above the capsular ligament, which was supposed by the doctor to be approaching *mortification*, and to it he applied large hot elm poultices. This tumefaction rapidly augmented in size, and continued to be vigorously poulticed. On the 23d, the patient feeling something hard in his hand, succeeded in extracting a sliver of about an inch in length, which had been thrust in obliquely forward from the point of insertion. This was followed by a profuse flow of arterial blood, which was allowed to flow to the extent of a quart, and then arrested by the attendants, by means of compresses. The poultices were now renewed, larger than before, and with redoubled energy, until, on the 24th, the purple swelling, which by this time had acquired the size of the palm of the hand, sloughed off *en masse*. On examination, this was found to be composed of skin, areolar tissue and coagulum, which completely ruined his second alarming diagnosis. However, the idea of gangrene was not so easily dispelled from the doctor's mind; the poultices were ordered to be continued.

On withdrawing the poultices a large amount of coagula was removed with them, which was regarded to conclusively prove their mysterious efficiency. These coagula were soon followed by alarming hæmorrhage, which was supposed to indicate an increased industry in poulticing; accordingly this was made the principal occupation of the attendants, until the poor patient, in spite of his

protestations, was allowed to bleed nearly to death. A consultation was now proposed, but promptly objected to by the doctor, until on the morning of the 25th, on the occurrence of syncope, I was sent for by the friends. Being detained from immediate attendance, I was soon summoned again by the doctor to hasten to his assistance.

On my arrival, I found the doctor with a tenaculum in hand, endeavoring to tie the radial or ulnar artery, midway between them both, with a ligature large enough for a bag string. In this attempt he had persevered for at least an hour, without the slightest probability of succeeding, and with the prospect of secondary hæmorrhage, had he been so fortunate as to have secured the object of his search with so huge a cord. I was not permitted at first to examine the wounds, but finally succeeded, after a tedious process of repeated petitions, expostulations, and argumentation, founded on surgical necessity.

On considering the site of the hæmorrhage, the course of the wound caused by the sliver, and the bleeding that proceeded from it, I concluded that the wound implicated the palmar arch, and accordingly proposed and applied graduated compresses over the course of this artery, and secured them by means of a bandage tightly applied, from the fingers to the elbow. No tourniquet being at hand, I bound a compress tightly over the brachial artery with a handkerchief. The bleeding under this treatment ceased, and the patient commenced rallying. Our *extempore* tourniquet was exchanged for a better article, which was left loosely applied as a means of safety. The hydrochlorated tincture of iron was freely administered.

During this time, another physician was called in by Dr. —. He approved of present treatment, and advised tying the brachial artery on the next morning, to *prevent*, as he alleged, *the extension of mortification!* But when asked, if, under the circumstances, this proceeding would not ensure the certainty of gangrene, he replied that he did “not apprehend any *tendency to mortification*, in consequence of the debility of the patient”! Judging this logic to be better fitted for business quibble than practical reliance, I objected to the proposition, until the patient should rally, and the future history of the case prove the inefficiency of the present treatment, thus showing its necessity. The first doctor was discharged on the day following, and the case placed under my direction and management. The compresses were continued for the term of three days, and then left off, leaving the member merely bandaged. The ulcer had by this time commenced granulating, and in all respects looked well. The patient rapidly acquired appetite and strength, without the use of stimulus of any kind. He rested well at night, but had become somewhat nervous when asleep, and would often throw himself about the bed. This fact was not mentioned to me, as the attendants judged it to be of little consequence; in fact, they regarded him out of danger, and went to bed and left

him alone. This they tried the second time, but were soon aroused to arrest the bleeding which had occurred during their absence. The patient had been asleep—dreaded of a pugilistic encounter, and awoke drenched in blood. This was on the sixth day after the compresses were applied and the bleeding had ceased. The hæmorrhage was speedily arrested by the re-application of pressure by the attendants. All went on as before until the fourth day, when bleeding re-commenced.

Believing now that deligation was the only remedy to be relied upon, I resolved to tie the humeral artery; because, the inflammation in the arm and hand had entirely subsided under the use of water dressing, and hence there was little danger of gangrene following the operation at this point; and second, I could not remove the dressings from the hand and wrist to expose the site of the radial and ulnar arteries, without danger of fatal hæmorrhage before the completion of the operation. Accordingly I secured this artery at the middle third of the arm. The member and wounds were treated as is usual after deligation of principal arteries. The ligature came away on the eighth day without any hæmorrhage, while the wound formed by the operation had nearly healed by first intention. The progress of healing in the wound at the wrist was but little retarded. The patient is now out of danger, and rapidly gaining flesh and strength.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Nov. 24th.—*Hæmorrhage during Pregnancy.* Dr. LYMAN reported the case.

The patient, aged 22, was married at 17. She had miscarried once, and had one delivery at full term, the last being a case of arm presentation, for which version was employed, and the head delivered by instruments at the end of 48 hours of labor. Child dead.

Dr. L. first saw her Nov. 17th, she being at full term so far as she could judge. Had been under homœopathic care, and after consultation the womb was pronounced to be displaced! An examination revealed nothing abnormal, with the exception of very general œdema of the extremities. She stated that in April last, she had very severe hæmorrhage. In June, she had a discharge of bright red blood, and this continued almost daily until the middle of October. No pains accompanying this hæmorrhage, she thought her health rather better during the flow. For six weeks she had had slight pains at intervals, they being more severe the past fortnight, and resembling labor pains, but without hæmorrhage. Previous to pregnancy the menses were regular. A full opiate quieted the pains, and three days after (Nov. 20) she was delivered, after a perfectly natural labor of fourteen hours, of a boy weighing 9½ pounds.

Dr. COALE, in the course of his practice, had had several cases of hæmorrhage during pregnancy. The first which he remarked particularly,