

a state of constipation by means of opiates administered each night, whilst the contents of the bladder were drawn off by means of a long flexible male catheter. The only local application was a napkin, on which a piece of lint spread with simple ointment was placed.

Nothing of any consequence, with the exception of occasional smarting pain, occurred until the evening of the fifth day, but at that date she became extremely anxious with respect to her bowels, and without my leave she took an ounce of castor oil. This failing to produce effect she sent for me, and insisted on my doing something to relieve the bowels. Being compelled to disturb her position, I gently turned her on the right side, and introduced the tube of an enema apparatus into the bowel, but on proceeding to inject, I was much annoyed to find the fluid escaping on all sides of the tube. However, having done enough to quiet her mind, I directed that she should retain her position, and in the course of the night the bowels were relieved without any pain.

On proceeding to remove the pins on the morning of the sixth day, I found that in front and behind them, perfect though slight union had occurred, but in the interval between them no union whatever had occurred, a probe carefully introduced passing readily up into the vagina. The parts were then sponged; a simple dressing was applied, and the patient was again made to lie on her back. The same dressing was applied each morning following, and ten days after the operation the union of the upper and lower parts was so complete that I was enabled to pencil the orifice of the opening which remained with the lunar caustic, and by these means, at the end of seventeen days from the date of the second operation, perfect union of the whole length of the fissure had been insured. A perfect removal of what would otherwise have remained a source of considerable inconvenience and pain to my patient was thus effected, and I entertain the earnest hope that its history may be the means of removing the doubts which exist as to the probability of cure in similar cases.

Wardour-street, 1849.

#### REPORT OF

### A CASE OF SUICIDAL WOUND OF THE THROAT, WITH PROFUSE HÆMORRHAGE,

SUCCESSFULLY TREATED BY LIGATURE OF THE COMMON CAROTID  
ARTERY.

By A. EVES, Esq., F.R.C.S.,

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On April 2nd, 1847, about eleven o'clock P.M., I was sent for to a man, named J—, about forty-five years of age, living at the Knap, in this town. I found Dr. Brookes, Mr. Gregory, and Mr. Gregory, jun., in attendance on the patient, who was lying perfectly insensible, and deluged with blood: the bedroom had the appearance of a slaughter-house rather than of a sleeping apartment. From Dr. Brookes I learnt the following particulars:—That he had found the patient with a wound extending from the angle of the jaw on the left side to within an inch of the same point on the right side; the larynx was not divided, nor was the cavity of the mouth penetrated. This wound was inflicted by the patient himself, by means of a sharp-pointed, curved pruning-knife. It was said that he stabbed himself three times with this instrument, apparently in the angle of the jaw on the left side, afterwards drawing the knife transversely across the throat.

The wound had been inflicted about half an hour before Dr. Brookes saw the patient, and was filled with a large coagulum, on removing which, to examine the nature of the injury, a gush of arterial blood, in a large stream, immediately poured forth from a great depth in that part of the wound situated in the angle of the jaw. Pressure was instantly applied, and complete syncope came on, during the continuance of which the bleeding was greatly diminished, and the wound was brought together by means of sutures, in the hope that the hæmorrhage would not return. However, when reaction was again set up, the bleeding re-commenced as profusely as ever, until syncope again took place.

At this point I saw him, lying perfectly insensible, with the throat distended with an enormous coagulum, and blood still gently flowing from the wound. I then cut the sutures, and turned out the coagulum, but the man being very full about the neck, the wound was so deep that we could not discover the bleeding vessels. The position of the patient, and the difficulty of throwing a strong light into the bottom of the wound, were circumstances which also added to our

perplexity. He was now lying in a state of insensibility, with occasional convulsive movements of different parts of the body, and all present considered his case hopeless, and expected every moment to see him expire. His pulse at the wrist had quite ceased. Under these circumstances, I thought it would be giving him a slight chance of recovery, if the common carotid were tied below the omohyoideus muscle. This being agreed to, I cut down to the artery, guided by the inner edge of the sterno-cleido mastoideus muscle; the artery, when found, was perfectly flaccid and empty, and, of course, without pulsation. The aneurism needle was gently insinuated under it from the outside; the vessel was slightly raised, so that it could be decidedly ascertained that the nervus vagus was not on the needle; the ligature was then tied; and the wound made by the operation brought together by sutures. During the whole of this procedure the patient was perfectly insensible, and manifested no feeling whatever. There was not any gush of blood after this, but a slight flow continued until we again brought the wound together by sutures, adhesive plaster, and bandage. Before doing this we examined the wound, and tied two or three open mouths of vessels. In two or three hours the patient gradually began to rally, and, to my great surprise and satisfaction, when I visited him the next morning, I found reaction fully established. He had great difficulty in swallowing for some days; at first he only took a teaspoonful of milk occasionally through the day, whenever the person in charge could get him to attempt it. As we found the suicidal propensity still predominant, he was constantly watched with care, and as soon as he was strong enough to be removed, which, I think, was about the tenth day after the perpetration of the rash act, I sent him to the Gloucester Lunatic Asylum. The wound in the throat healed by granulation, and Dr. Williams, the resident medical officer of the Gloucester Asylum, had the kindness to inform me that the ligature on the carotid came away on the 27th of April, being twenty-five days after the operation. He also mentioned the fact, which I afterwards had an opportunity of observing with him, that the muscles of the left side of the tongue were paralyzed, doubtless owing to injury of the ninth nerve, and evidenced by the point of the tongue being invariably turned to the left side when protruded.

Considering the situation of the wound in this case, and the effects produced, I am almost led to believe that either the common carotid artery was wounded just before its bifurcation, or one or both of the carotids immediately after its division; the superior thyroid artery was also doubtless divided; and perhaps the lingual, and possibly the facial, shared the same fate, as in some instances they are given off very closely together.

In Mr. Ellis's "Lectures on Clinical Surgery," a similar case to the above is given, except that in that instance the common carotid was tied six days after the infliction of the wound. As in my case, the bleeding vessels could not be found, owing to the "great depth of the wound, the constant supply of blood poured into it, and the retracted state of the arteries." The wound was plugged with lint dipped in spirits of turpentine; and compresses and a roller were applied. About three hours after the wound was dressed, the subject of this case "quietly got out of bed, stole down stairs, and made his escape."

This fact convinces me that more important vessels were divided in my case than in that of Mr. Ellis, because it was altogether impossible for my patient to move during the night, in fact, for two or three hours we could scarcely tell whether reaction would take place or not, the exhaustion was so very great. The perusal of Mr. Ellis's case quite convinces me that my patient must have died, if the operation in question had not been performed; because although the hæmorrhage was restrained for a time in Mr. Ellis's case; nevertheless, it broke out on the sixth day, at last requiring the ligature of the common carotid artery to restrain it. In my case, the wound was inflicted by means of a sharp pointed curved instrument, which would penetrate deeper in the angle of the jaw, and be more likely to reach the principal vessels, than the instrument (a razor) which was used in Mr. Ellis's case. Since the above particulars were arranged, I have heard from Dr. Williams of the death of J—, which happened about fourteen months after the ligature of the carotid. The suicidal propensity continued very strong until nearly the end of his life; he died extremely emaciated, owing, in the opinion of Dr. Williams, to disease of the mucous membrane of the stomach and bowels. Owing to a number of pressing engagements happening at the moment, Dr. Williams had not time to make a post-mortem examination.

*Remarks.*—In the foregoing case I had only to contend with one form of danger attending wounds of the throat—namely, hæmorrhage; on that point the rule of practice is plain; but another very serious form of danger arises, when the larynx or trachea is freely divided transversely. In this case, the following dilemma arises:—If the wound be brought together by sutures, the patient may die from accumulation of blood and mucus in the bronchial tubes and cells. If the external wound be not healed at a comparatively early period after its infliction, there is (according to Mr. Porter) very little hope of recovery. This latter proposition is also in accordance with my own experience.

If the case be treated by position, without sutures, there is not any chance of this early healing of the wound.

I shall offer a few words on each of these points, and afterwards refer to a middle course, in which the dangers attending either of the plans to which I have alluded, may be avoided. Any one who consults surgical authorities on these points, will find the line of practice recommended by one strongly condemned by another; and this is the case, not only among the great authors of the last generation, but is also true of those who are among the very latest writers on the subject. In proof of this, it is only necessary to read Mr. Stanley's paper, in the *Medical Gazette* of October, 1844; and Mr. McWhinnie's, in *THE LANCET* of September 5th, 1846, vol. ii. for that year, p. 267.

First. What are our prospects in a case in which the air passages, being severely wounded, are, nevertheless, attempted to be healed by position, without sutures? It appears to me that such a case would almost necessarily terminate fatally, and such has been the fact in all the instances I have witnessed. The great mobility of the parts, in respiration and swallowing; the tendency of the lower part of the trachea or larynx to sink down, when completely divided; and the consequent irritation and congestion of the lungs; are the chief difficulties which we have to encounter.

Secondly. It has been remarked, that the patient in whom the larynx or trachea is divided, may die, if the wound be brought together by sutures, from accumulation of blood and mucus in the bronchial tubes and cells; but, as it is almost certain that the patient must die of these severe wounds, if sutures be not employed, it certainly follows that we ought to use them. Mr. McWhinnie says that sutures are not allowable in wounds of the air passages, that they are irritating and hurtful; but Mr. Stanley refers to a successful case by Rust, of Berlin, in which sutures were introduced through separated portions of the thyroid cartilage; and my friend, Mr. Rumsey, of Gloucester, at a meeting of the Gloucestershire Medical and Surgical Association, related a case in which the larynx was completely divided through the thyro-hyoid ligament, and in which he successfully introduced sutures through the thyroid cartilage. In this case the sutures did not produce irritation, and the case did well. But again the question recurs—Is there not danger in closing the wound? It must be confessed there is, and before such a practice is attempted, all hæmorrhage must be carefully restrained. It is not my intention to give an account of all the means to be used in such cases, but merely to refer to a plan which, as I mentioned before, appears calculated to remove the ill effects of each kind of treatment to which I have alluded, at the commencement of these remarks.

The treatment, then, which I should adopt in a case in which the larynx or trachea has been freely divided, would be, after all hæmorrhage was perfectly stopped, and after waiting a short period to be assured on that point, to bring the parts accurately together by sutures, introduced even through the cartilages, if necessary; then, if great difficulty of breathing should arise, so as to threaten immediate asphyxia, either from derangement of the rima glottidis, or from accumulation of fluid in the bronchial tubes and cells, I should immediately adopt the suggestion thrown out by Mr. Porter, of Dublin, and open the trachea by a longitudinal incision; of course, this must not be thought of, except there appears an absolute necessity for such a step; but it is satisfactory to know, that we have the means in our power of rendering that line of treatment, which is certainly the best, free from the dangers which have hitherto been apparently connected with it. I would also strongly insist upon the necessity of preventing a drop of nourishment from passing by the mouth for a few days, and the necessity of nourishing the patient by enemata. To prove the sufficiency of this mode of conveying nourishment, I would refer to a case treated in the Meath Hospital, in which Mr. Porter states, the patient was thus supported for several months, positively refusing all food by the mouth.

Cheltenham, 1849.

## ON THE MALIGNANCY OF THE EXANTHEMATA.

By J. WELCH, Esq., Surgeon, London.

THE appended case, illustrative of malignancy, vividly portrays its effects upon scarlatina. When we glance at the tabular register recording so large a mortality from this disease, the inference may be, that the trespass upon the columns of a journal will not be regarded as an intrusion. Each and all of the divisions of the exanthems are occasionally severally the subjects of malignancy, their peculiar features depending upon the nature of the cause, and also on the power with which it has been applied; but no matter from what source, nor how varied the cause, the effects, more or less, are the same. In some, the instances are where the malignancy sweeps on with remarkable rapidity and vigour, producing such a revolution of changes, as almost to make a perfect chaos of disease, whilst in others it creeps in upon the system, and steals unobtrusively along, making its presence only partly, and but feebly manifest, thus but little obscuring the disease, and offering but feeble opposition to the measures calculated to afford relief. Not so, however, with the former and more severe type, where all aspect of the original and pristine malady is lost, and which opposes and resists the well-doing of every remedy that otherwise would do good. This is well instanced in the case to which these strictures appertain, and to which the attention is drawn. It ceases to be a matter of question, that much depends upon the health of the individual previous to the reception of the cause that was the originator of the disease, as well as upon the particular cause itself. That these may be, and are, as varied as the artificial states to which our natures are reduced, the occurrence of the one effect from so many different causes needs but little mention to confirm. The effect of this malignancy is to render more formidable the disease, and to baffle the accustomed measures of relief and cure. Another power it possesses is that of either quickly destroying life, or causing the disease to linger with slow, though powerful evidences of its virulence for some great length of time, the delay still having its termination by death. So, likewise, it retards the operation of otherwise beneficial measures, sometimes frustrating every remedy, and thus rendering a still greater magnitude to the existing evil. The malignancy, as a matter of course, is most assuredly more severe in those eruptive diseases where there is an attributable cause, than where it occurs in an exanthem spontaneously, without the presence of any well-defined or decisive one, because the very antagonism of the two causes striving to be in existence, and to produce their effects, would be to render a more serious hue to the malady in existence. It seems feasible why the exanthemata should most frequently attack the period of infancy, when we take into consideration the greater number of respirations in childhood, as well as the greater frequency of the heart's actions, the greater tenuity of their structures, and the activity and energy which these recent tissues assume. We may well infer that intangible causes, in the shape and name of miasms, should have some influence upon them. Take early, and compare it with middle or later life, the quickened action of the heart, and frequent respiration in the one, with the abated pulsation and slow and settled motion of the breathing in the other, supposing, too, the same cause besetting the two extremes, we find it exerting a twofold, if not greater power, and that, too, on the weaker body; hence the inference, why it attacks the period of childhood. The miasms are borne on and along through the system, becoming inherent there, and giving a vitality to disease. In many instances, the eruptions which form the characteristic and distinguishing features of these maladies, and the presence of which suffices, with but little further inquiry, to denote what exanthem it may be, often want that decisive token, so that reference has to be made to other concomitant symptoms before one can positively state what is that particular disease. Now although this feature is almost invariably wanting in cases where there is a shade of malignancy, or where there is a likelihood of its making its presence known; yet, be it observed, instances are recorded, where, without any malignancy whatever, the eruption has been wanting; but premising all this, it is a fact without question, that where there are signs of malignancy, the eruption has been either evasive or wanting. The very fact of the eruption retroceding, gives additional alarm to the disease, and forewarns the approach of more powerful and more to be alarmed-at symptoms. Now the absence of this eruption has resolved itself into a *questio vexata* with medical men, as to whether that non-eruption was dependent upon the want of power of the system at the time,