AN ACCOUNT OF TWO CASES
OF
DEEP SEATED NÆVUS,
OR VASCULAR TUMOUR OF LARGE SIZE,
TREATED BY THE INTRODUCTION OF SETONS.
BY GEORGE MACILWAIN,
SURGEON TO THE FINSBURY DISPENSARY, TO THE ST. ANN'S
SOCIETY, ETC.

READ FEBRUARY 12TH, 1833.

THE following examples of deep seated nævi, it is hoped, may not prove uninteresting to the Society.

About a year after I had adopted the practice here recommended, Mr. Fawdington of Manchester published some cases of the successful employment of setons in deep seated nævi, but the date of his first case shews that he had been adopting the practice, before it had occurred to me to attempt the removal of these formidable diseases in a similar manner. In a conversation with Mr. Lawrence not very long ago, he mentioned his having tried setons for the removal of nævi, but as our meeting was accidental and interrupted, I did not learn to what description of the disease he referred. The history of the second case, however, induces me to conclude that he did not refer to that form of disease herein-

after described, or that if he did, the results of his experiment were not encouraging.

I cannot help thinking the following cases important, because, 1stly, their nature was as well marked as that of any tumour can be which has not been demonstrated by dissection. 2ndly, because no doubt existed, as to their character, in the mind of either of the very competent judges, to whose examination they were submitted. 3rdly, because their history incontestably proves that the dispersion of the tumours was the effect of the setons unaided by any other measure, and lastly, because in both instances, the age of the patient, the size, situation, and extent of connection of the disease alike forbade any attempt at extirpation.

It was my intention to have offered some remarks on *nævi* generally, by which I had hoped to have rendered the cases more acceptable to the Society, but as various circumstances prevent me from indulging this wish in a satisfactory manner at present, I am unwilling longer to withhold facts, which may be more useful in proportion as they become more extensively known.

In August 1829, I was requested, in consultation with Mr. Wilson, of Northampton Square, to visit a child three months old, who had a small tumour on the left side of the neck, a little below the angle of the jaw, and of which I obtained the following ac-

count. About three weeks after birth a small tumour was observed about the size of a pea, which Mr. Wilson believed to be glandular, and to which he ordered evaporating poultices accompanied by some attentions to the general health. The tumour, however, had gradually acquired its present bulk, the parents were anxious that it should be opened, and my opinion was requested upon the propriety of so doing. The tumour was now about the size of a small walnut, perhaps scarcely so large, it was soft, elastic, and had a smooth feel, was easily compressible, still presenting very much the characters of a gland in a state of chronic suppuration, the skin covering it appearing quite natural.

The above description conveys, at least, the first impression it created; as I had, however, seen some anomalous tumours in the necks of children, I proceeded to examine it more particularly, and remarked that the softness was not exactly that conveyed by suppuration; it wanted something which I scarcely know how to describe, shall I say the central fluidity of suppuration? The tumour seemed universally soft and elastic, it was also so compressible that it appeared as if pressure, for the moment, reduced its volume; on looking very closely at its surface, just at the most projecting point, exceedingly minute vascular ramifications were discoverable. It was neither painful nor tender.

There are various modifications in the sensations

imparted by tumours to the hand of the surgeon, which materially influence his opinion, but which it is often difficult and sometimes impossible to describe. The foregoing description, however, may partially convey the characters which induced me to decline puncturing the tumour, although I was still well enough inclined to believe that it *might* be a suppurating gland. I merely recommended a linseed-meal poultice, with such attentions to the general health, (at this time perfect,) as from time to time Mr. Wilson might judge necessary.

After an interval of a fortnight I again saw the tumour, its characters remained unchanged, the poultices were discontinued, and a soap plaster only applied. In about six weeks the plaster was discontinued, the tumour still unaltered. No pulsation had hitherto been perceptible.

About a week, however, subsequent to this period, Mr. Wilson thought that he had discovered a pulsation in the swelling, and I was requested to see the patient again. I found that the tumour had increased in size, that the pulsation, though faint, was unequivocal, that the vascular ramifications before noticed had become more perceptible, and that when the child cried an impulse was distinctly conveyed to the tumour. These circumstances confirmed my growing suspicion that it was a deep seated nævus, or vascular tumour. I accordingly directed the application of cold, by means of the

common freezing mixture and subsequently by ice. Under the latter application there was at first a very sensible diminution in the bulk of the tumour, but afterwards the ice appeared to provoke a reaction followed by an augmentation of its volume.

As the tumour had now rapidly acquired a considerable size, and appeared still to be increasing, it became a question what further was to be done. Was its removal by operation practicable? Was it justifiable to tie the common carotid artery? or if these questions were answered in the negative, as in my opinion they must be, was there any other plan by which the removal of the disease might be more slowly and safely attempted. I requested a consultation on these points and met Mr. Stanley and Mr. Wilson to consider them. These gentlemen coinciding with me as to the hopeless nature of either of the operations which I have mentioned, we agreed to endeavour to excite inflammation in the tumour, and began by passing red hot needles through its substance. These measures were repeated thrice at intervals of about a week; each puncture was followed by a single jet of arterial blood, and produced considerable constitutional disturbance which continued for about twenty-four hours, but they were followed by no diminution of the tumour, which, on the contrary, increased slowly but progressively. It was now determined that a seton should be passed through it, the following being the extent occupied by the disease.—It reached above as high as the

lobulus of the ear, which indeed with the contiguous portion of the auricle, it had considerably elevated from its usual situation ; it extended below to within a half an inch of the clavicle, forwards it occupied the cheek as far as the anterior edge of the masseter muscle, and posteriorly it reached to within about half an inch of the mastoid process.

The accompanying model represents pretty accurately the dimensions of the tumour at this period, except, that in consequence of its yielding to pressure, that exerted by the plaster of Paris occasioned a trifling diminution in its volume, the tumour being really more projecting than the model represents it. A considerable plexus of vessels had become developed on its surface, and towards the ear especially there was deepish redness of surface, shewing that the tumour was exceedingly vascular.

On the 5th of December, 1829, I passed a long circular needle, armed with two double threads of the silk commonly used for setons through the substance of the tumour from one side of its circumference at its base to the opposite ; having adjusted the silk, so that it should as nearly as I could contrive it, fully occupy the space described by the transit of the needle. The structure seemed to yield before the instrument, but still to resist its puncture, so that I had the greatest possible difficulty in carrying its point through the mass, the needle bending so as to endanger its breaking, and yet by the sensation it

imparted, it appeared to be pressing against a soft elastic matter. One jet of arterial blood followed the seton, just as when the simple punctures were employed. The seton however produced considerable constitutional disturbance which did not subside for several days: the tumour increased very rapidly, a memorandum made by the father, describes it thus; "it increased to such a size that when the child sat upright it touched her shoulder; those small vessels which were ramifying at the centre of the tumour were now of such frightful size, that when the child cried violently they projected from the surface sufficiently to cast a shadow," &c.

On the 30th of December I passed the second seton, which, like the former, produced considerable disturbance, and like it was carried through the tumour with great difficulty. The tumour at this time had acquired its greatest magnitude, and I regret that a second caste was not taken. The father, who watched the child with great solicitude, thinks that it is quite safe to represent it as large again as the accompanying model *, taken before the

* For the information of those members who had not an opportunity of seeing the model exhibited to the Society, I here subjoin its dimension. Its diameter from above the lobulus of the ear downwards was rather more than four inches; from its anterior edge towards the mastoid process rather less than four inches; its circumference at the base about eight inches and a half. The tumour when at its greatest size, as mentioned in the text, being of course double these dimensions.

setons were inserted. No discharge, except a very small quantity of serous-like exudation had taken place hitherto, nor was any thing more observable until about a fortnight after the insertion of the second seton. At the time a drop or two of puriform matter was observed to ooze from the first seton, which in a day or two was followed by well formed pus. For a considerable period the setons discharged matter alternately, and subsequently both together. Sometimes an interval occurred without any discharge taking place from either, when the child became restless and uneasy, which condition, however, was invariably relieved by the renewal of the discharge. That which remains may be stated in a few words. The tumour gradually but very slowly diminished in bulk until May, 1832, when the setons were both thrown off in one night, there remaining nothing more than a slight discolouration of the skin, and the cicatrices of the setons. In conclusion I may observe that Sir Astley Cooper and several other gentlemen saw the case during its progress, but no one had any doubt as to the nature of the disease.

CASE II.

In the winter of 1830-31, Mr. Jacobs requested my opinion on a tumour in the neck of a child (of the same age as the last case) which had been brought to him by its mother, and from whom he received the following history of the disease.

A month after birth she perceived a small swelling about the size of a horse-bean, situated on the cheek immediately in front of the ear; the colour of its surface was natural. The medical gentleman to whom she shewed it treated it by poultices and lotions. The tumour, however, continued to enlarge until it had acquired the size of a duck's egg, and a number of small veins were seen on the surface, giving it a blueish appearance. These circumstances induced her to consult Mr. Jacobs, who shortly after desired her to bring the child to me. On examining carefully the tumour I had no doubt that it was a deep seated nævus. Its situation, size, and character were so very similar to those of the tumour the history of which I have already related, that I shall mention only those particulars in which some slight difference was observable.

Its circumference was larger than the first-mentioned case, its projection not quite so considerable, its situation in every respect alike, except that its anterior boundary came farther forward on the cheek; it had a somewhat more slippery feel, and though very compressible, did not yield quite so easily. In other respects I could discern no difference in the two diseases. I accordingly told Mr. Jacobs that I considered the case a deep seated nævus, and had no hesitation in suggesting the application of the seton; but as the other case was then under treatment, and as the parents had no objection, I recommended Mr.

Jacobs to visit that patient and judge for himself; the result was that shortly after he passed two setons through the tumour in question. A few weeks subsequently Mr. Jacobs left London to reside in the country, when he consigned the case to my care, and the child was admitted into the Finsbury Dispensary. I do not recollect that at this period the tumour had undergone any alteration.

I was now obliged by illness to leave town, the mother discontinued her attendance, and I saw no more of her for more than a twelvemonth, when in the early part of October last she again brought the child to Ely Place. She told me that the setons remained in about four months, at the expiration of which period she took the child to St. Bartholomew's Hospital, and it became a patient of Mr. Lawrence's, one of whose dressers withdrew the setons.

The first thing which struck me on the present occasion was, that the volume of the tumour was diminished by one half since I last saw it. The woman was very positive that it had not become less since the extraction of the setons, and as I could not make out that these had been withdrawn by any express order from Mr. Lawrence, I immediately recommended her to have them replaced. To this she after some little hesitation consented, and accordingly, early in November, I passed one seton across the

tumour, precisely as in the former case, intending to insert another when the excitement of the first should have subsided.

The jet of blood, and the great resistance to the needle, were precisely similar to those occurrences in the first mentioned case. The excitement occasioned by this seton was much less considerable, and supuration occurred after a shorter period. The diminution also of the tumour is much more rapid, and indeed promises so speedy a dispersion of the disease, (there being at the present time only a very small portion of it remaining,) that I have not thought it necessary to pass a second seton.

On the present occasion I will only add, that the needle employed was about the size of that which is commonly used for working in worsted. In future I shall employ one a size or two larger, since there will be no danger of its breaking, whilst I have little doubt that so far, the size of the instrument may be increased without danger of hæmorrhage *. I have little doubt too, that further experience will justify other modifications in the seton which may induce a more rapid dispersion of the diseases in question; but in

* I would advise the surgeon not to neglect the plan of adjusting the quantity of the silk so that it should fully occupy the track made by the needle. In the present state of our knowledge on this subject, it would be at least imprudent to throw aside this precaution.

the conduct of a new treatment for so formidable a disease, prudence requires that we should be cautious, for in the practice of our uncertain science, our most carefully formed anticipations are not always realized.

“ *Nec semper feriet, quodcunque minabitur arcus.*”