OBSERVATIONS
ON THE
SURGICAL TREATMENT
OF
THE NÆVUS MATERNUS,
WITH LIGATURE,
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IT has been my practice during many years to destroy the larger specimens of nævi by strangulation with the ligature: a curved needle is passed under their base, and a single or double ligature used, according to the magnitude, figure, and situation of the tumour; and I recollect one example, in the destruction of which, it was necessary to pass four ligatures in order to entangle the whole of the spurious structure, on account of its irregular form and diffused surface, situate behind

the ear and extending down the neck of a very young infant. An assistant should raise the tumour with as much of surrounding skin in which it grows as possible, and thus enable the operator to pass the needle sufficiently deep, and at the same time include with his knot a portion of the healthy integument.

When the nævus is not large, a needle of sufficient length being carried under the centre of its base and the structure elevated upon it, a single ligature passed behind the needle, and firmly tied with a double noose, will be sufficient to destroy the organization. Where, however, the size of the tumour renders its strangulation by this mode doubtful, the needle should be armed with a double ligature to enable the operator to tie one half with each. This, in every instance where the whole substance has been included, has uniformly destroyed the structure, leaving, on its separation, a healthy granulating surface. There are some instances however, and some situations, where it is impossible to include the whole of the tumour with the ligature; but generally, in such cases, the inflammation excited by its application in the neighbouring parts is sufficient to obliterate, by condensation of the surrounding cellular structure, any remaining portion of the nævus.

I have met with but one instance of a partial recurrence of the disease, but which I had antici-

pated. The history of the case is detailed hereafter.

Excision having been attended with alarming hæmorrhage in many instances, as I have witnessed formerly, and fatal bleedings having, as I have been informed since, occurred in more instances than one, it is to be regretted that the treatment of nævi by strangulation should not have been generally adopted, for, until lately, I was not aware that it was not the ordinary practice of surgeons so to treat this highly vascular and formidable production. The following cases are detailed as examples of the practice.

C A S E I.

In the early part of last winter, a boy about five months old was brought to me from Lambeth, having a nævus situated over the scapula. It was described as having been exceedingly small at the birth of the child, that it had very gradually increased during the first three months, but that latterly it had grown remarkably fast. It was nearly the size of a large walnut, and could be raised considerably by dragging it upwards with the fingers. I considered this example of the tumour to be too large to risk an operation by excision, and too small to require the application of a double ligature. I therefore passed a large curved needle under its base, a single noose formed in a strong

ligature, was then carried over each extremity of the needle, and this being tightened by a firm double knot, the needle was pushed through and withdrawn; no bleeding occurred, and in a few days the strangulated mass was detached and the wound soon healed.

C A S E II.

In the autumn of last year, a boy under eight months old was received as my patient into the Westminster Hospital, having an enlargement of the thigh. He had at the same time two nævi, one immediately below the occiput on the neck, the other on the skin of the right side, a little below the axilla. The former was of considerable magnitude, being as large as the half of a full grown orange: the other much smaller. A large curved needle carrying two strong ligatures was passed deep under the substance of the nævus situated upon the neck, and each ligature made to include one half of the tumour. On or about the fourth day, a little hæmorrhage took place from some uncertain point where ulceration was proceeding; another thick ligature was therefore passed around the tumour without detaching the original, and by tying this firmly further hæmorrhage was prevented. The dead mass was entirely detached in ten days, and the ulcer healed rapidly.

C A S E III.

A little girl five months old became my patient at the Westminster Hospital early in January last, having an irregularly formed *nævus* occupying a considerable portion of the skin of the throat, extending from under the chin, over the larynx, and upon the trachea, and almost entirely across the fore part of the neck. From the flaccidity of the skin the greater portion of the tumour appeared capable of being included with a double ligature; it was found impossible however to inclose a small portion seated deeply under the angle of the lower jaw, which was consequently left untied, but with the hope that the consequent inflammation would obliterate it. The strangulated portions soon sloughed away, and the sore healed favourably. Until within the last fortnight, no increase of the portion left had taken place. The child, however, has recently been attacked with catarrh and violent spasmodic cough; since which, there has been evident enlargement, and it is my intention to renew the operation on the remaining portion.

These examples of the practice are sufficient to shew its utility and its advantages over that by the knife.

Nævi appear to possess two modes of existence; the one active, the other stationary and passive;

the latter being generally known by the vulgar appellation of strawberries, raspberries, red currants, &c. and the notion yet holds, that when the above fruits are ripening, or becoming red, so in the same degree do the appearances on the surface of the nævi change, and become more florid. I need scarcely add, that the mother, during her pregnancy in the winter months, was tormented with a longing for these yet unborn fruits, which is still thought to engender mischievous, and not unfrequently fatal impressions, on the unborn offspring. The other variety of nævus, and which forms the subject of medical interference, is not unfrequently a tumour of considerable magnitude, but also possessing a very formidable character, and has been denominated "aneurism by anastomosis." It is a congeries of large blood-vessels, having the structure of veins rather than of arteries, not having any perceptible arterial action in themselves, and very like the bulbous-formed veins of the spleen. Indeed, I have seen some varieties to resemble very much the general appearance and structure of the spleen. This cluster of spurious vessels, when compressed, becomes slowly emptied, but it is difficult to reconcile into what surrounding vessels the blood regurgitates. The examination of the structure of this species of tumour, without previous injection, is very unsatisfactory; and as an opportunity of investigating their mode of organization on the dead subject with such advantage has not occurred, I am yet unable to at-

tempt a description. During the operation for the removal of the smaller specimens with the knife, the blood does not appear to be derived from any one large vessel or vessels, but from the entire divided surface of the integuments and subjacent parts, which pressure, rather than ligature, is necessary to control.

It was stated in Case III. that a partial failure at obliteration had happened in consequence of the difficulty of including a portion of the nævus, situated under the chin and angle of the lower jaw. With the kind and useful assistance of my friend, Mr. Arnott, the operation has been repeated, and with complete success. Two other cases have been similarly treated during the last month, both of which have also perfectly recovered.

Parliament Street, Aug. 27th, 1827.