we operate near the anus; but I would advise, in a similar case, the lithotomy position to be adopted, and thus a better view to be obtained of the part, and more command afforded over the hæmorrhage. Thus we can apply with greater facility ligatures to the bleeding vessels if needed, as they assuredly will in the larger growths, if excision alone be practised, or the ligature, which ought always to be used, should slip. Should the *écraseur* realize the expectations held out, and enable us to cut through vessels without the usual resulting hæmorrhage from such a procedure, we shall possess a valuable aid in the removal of these and other morbid growths.

The smaller tumours were excised, after the application of a double ligature, with the loss of scarcely a drop of blood; and such will always be the case if a ligature be carefully applied; that is, provided the neck can be really strangulated, which, as in the larger growth, cannot always be effected.

The result in my case has been as gratifying as in those of Mr. Pemberton. The patient came again into the hospital for a crushed foot a fortnight ago; and no vestige of the tumours, except the cicatrices, could be detected.

NORTHAMPTON GENERAL INFIRMARY.

CASE OF HÆMORRHOIDAL TUMOUR REMOVED BY THE *ÉCRASEUR*.

By HENRY TERRY, Esq., Senior Surgeon to the Infirmary.

AT pages 581 and 647 of the current volume of the JOURNAL, there are related two cases of operation at St. Bartholomew's Hospital by means of the *écraseur* of M. Chassaignac: the one being performed by Mr. Stanley, on the 5th July; the other by Mr. Lawrence, about three weeks afterwards. I had heard a good deal of this instrument from Mr. T. C. Savery, House-Surgeon of the Northampton General Infirmary, who had recently seen it used with the happiest results in Paris. About the period of the first of these operations, a case occurred to me in the Infirmary which we thought suitable for such an operation, and I forthwith determined to have the instrument obtained.

My case was one of large and aggravated hæmorrhoidal tumour, of four or five years standing, and accompanied with great local pain and general distress. It was of about the size of a hen's egg, covered with condensed mucous and cellular tissue, and disposed to bleed, sometimes partly reducible, at other times not at all so. The man had had a good deal of surgical advice, but found no permanent relief. It happened, unfortunately, that the *écraseur* could not be obtained in London, and it did not appear certain how soon it might be received from Paris. I was unwilling to delay the treatment of the case very long, and consequently, after waiting a certain time in vain, I determined upon proceeding with the ordinary operation by ligatures.

On the 22nd of July, I passed a strong double ligature, and enclosed the whole of the tumour in halves as tightly as I possibly could, chloroform not being used. He suffered great pain at the time, which was excessively increased afterwards, and accompanied with fearful general collapse. On visiting my patient half an hour after the operation, I considered his life in imminent danger; the pulse at the wrist was barely perceptible, and a cold clammy perspiration pervaded the whole surface of his body. He was at this time being undressed in a chair. By an immediate change of position, and by the aid of large doses of brandy, he shortly rallied a little, and pulsation returned, but he continued extremely ill and in intense pain for twenty-four hours, notwithstanding the administration of large quantities of opium. The hæmorrhoidal tumour became black, and for a time I hoped the ligatures would remove it; but, on the second day, its circulation returned, and it was evident that the operation had failed.

On the 31st of July, nine days after the former operation, I tied the part again, the *écraseur* not having yet ar-

rived. Chloroform was used, and I found lacerations at the base of the tumour, which enabled me to tie it with circular ligatures in three parts, without using any needle. By twisting the ends of the ligatures round little bits of wood, they were drawn with as much force and as tightly as possible. On the effects of chloroform subsiding, very great and long continued pain was again experienced, but without collapse. In a few days, two of these portions, with their ligatures, came off; but the third and largest of the three remained, and again showed vascularity and active circulation.

The *écraseur* had now arrived, and I determined upon attempting to finish my case by its application. The tumour remaining was about the size of a nutmeg, and a slight touch with a tenaculum proved its free tendency to bleed. Chloroform was given; the little tumour was pulled out by its ligature, and the chain put round its neck: the chain was drawn down till it was in close contact with the part, when the ratchet action of the instrument was begun, tightening the chain by one notch every fifteen seconds. In two and a half minutes—i. e., by ten actions of this most ingenious contrivance—the tumour was off. There was hardly a drop of blood, and a small, clear, healing surface remained, the patient having no pain. He got up to breakfast the following morning, extremely gratified by the contrast between this and his two former operations.

Hospital Cleanings.

ANEURISM BY ANASTOMOSIS (TELEANGIECTASIS): PATHOLOGICAL CHARACTER OF THESE GROWTHS: DANGER OF CUTTING OPERATIONS.

THE most interesting cases at St. Bartholomew's this month have been, perhaps, a case of axillary aneurism, under the care of Mr. STANLEY, and a very remarkable case of erectile tumour, pulsating very forcibly, and situated in the thigh, nearly over the site of the femoral artery (teleangiectasis?), under the care of Mr. LAWRENCE. The latter case is that of Charles A—, aged 51 years, admitted the last day of July, and still under treatment. If any of our readers wish to see a remarkable disease, Mr. Lawrence has marked it, "Pulsating Vascular Tumour in the Thigh, with Hæmorrhagic Tendency throughout the System," recalling thus vividly the description given so forcibly by John Bell of this disease. The affection (as observed by Mr. Lawrence and Mr. Wormald, under whose care the case is at present treated) is more commonly of a congenital nature, where perhaps the pulsation is not so perceptible as in this instance. Bell spoke of it as a congeries of vessels and cells, between which were cavities communicating with the cells; so that it would be extremely dangerous to remove such a growth, almost as dangerous as to cut off half a placenta from a womb. Professor Syme, however, does not adopt this view in its entire extent, but looks on the growth as the state of disease represented by the term "teleangiectasis", which, etymologically, will signify expansion of the capillaries or smaller arterial vessels, not unlike those hæmorrhoidal growths, of troublesome size and obduracy, so often met in practice, described recently by Mr. Pemberton of Birmingham, and one of which is now under the care of Mr. Erichsen; the hæmorrhoidal growth possibly arising by distended venous capillaries; the growth (teleangiectasis) now under consideration arising from distended arterial capillaries, and in this case attended by strong arterial pulsation. The size of the growth in this instance is about that of half a small orange; the tumour is quite moveable, but with a strong, throbbing, pulsating impetus, at each impulse of the left ventricle of the heart. Sir R. Carswell suggested that all the vascular tumours of this description had their origin in a defective contractility of the vascular coats of the smaller