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Hospital Reports.

YORK COUNTY HOSPITAL.

CASE OF CUTANEOUS OUTGROWTHS FROM THE ANUS IN A MALE: LIGATURE: EXCISION: CURE.

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THE patient, who was admitted into the York County Hospital under my care, was a tolerably strong and healthy man, but somewhat pale, of dissolute and irregular habits, and had lately undergone the hard discipline of the House of Correction. He complained of the annoyance of several pendulous tumours hanging down from the margin of the anus, which occasioned him much discomfort, both from their size, especially the largest of the group, and from a most intolerable fetor which they gave off.

History. He had suffered from chancre two years ago, and more recently from gonorrhœa. His attention was drawn to the growths for the first time about eighteen months ago, since which time they have attained their present size. He had had no hæmorrhage from the growths, nor any purulent discharge. He spoke of them as being of venereal origin.

Upon examination, a large pendulous tumour, having the exaggerated characters of a condylomatous growth, was seen to hang down from the left margin of the anus; it was somewhat elongated, but broad and flattened, and nearly the size of a foetal head. The pedicle was broad, smooth, and in appearance scarcely to be distinguished from the surrounding integument. The tumour was lobulated, having larger lobes subdivided into smaller ones, which were less distinct where the tumour was in apposition with the buttock. The tumour was of a dull pinky colour, but much coated with incrustations of exudation and dirt. The most offensive fetor was exhaled from the part. On raising this tumour so as to expose the anus, four or five smaller growths were seen to hang down around the margin of the anus, varying in size from an orange to a walnut. The sulci in the smaller tumours were much shallower, but their condylomatous character was equally evident, and they were attached to the anus by pedicles similar to that of the larger growth. The penis was encircled by a ring of condylomata of the usual size.

Operation. I passed a strong double ligature through the pedicle of the largest tumour, as close as possible to the anus, and tied the ends as tightly as the short broad neck would allow, and then cut through the pedicle close to the tumour. In an instant the skin of the pedicle contracted so forcibly as to loosen the ligatures, and thus render them useless, and a violent gush of arterial blood somewhat surprised us, as we were scarcely prepared for such an occurrence from the excision of a condylomatous growth. Pressure was immediately made on the bleeding surface, the patient was placed in the position for lithotomy, and three large vessels, one larger than, and the other two equal in size to, the arteries of the lower arm, were ligatured, and then, with a pad and perinæal bandage, the patient was secured from the risk of further bleeding. Two days afterwards, the smaller tumours were ligatured and excised with no loss of blood, as their more slender pedicles enabled us to apply

the ligatures more effectually. The man recovered rapidly, and the resulting cicatrices showed no tendency to any renewal of the disease.

Appearance of the removed growth. A section of the tumour showed irregular fibrous bands of a white glistening appearance, enclosing yellowish cellular substance. The centre of the largest growth seemed to have become disorganised, and to consist of broken down tissue, and the density and firmness of the tumour increased evidently from the centre to the circumference. The microscope showed irregular cells intermixed with fibrous tissue in various stages of development. Nothing like cancer-cells could be detected.

REMARKS. This case bears a strong resemblance to those detailed in the ASSOCIATION JOURNAL, July 26, by Mr. Pemberton of Birmingham, in a very interesting paper on these singular growths; and especially to Case III, the drawing of which very well represents the larger growth in the case now reported. I am induced to publish this case, as I can fully indorse the following statement of Mr. Pemberton: "The muco-cutaneous surface around the anus would appear to be in the male for these growths, what the pudendum is in the female. Still, among men they are of extreme infrequency, so much so, that I have not been able to discover a record of a pendulous growth altogether similar to the one I have described as having been observed in the male subject." Hence I am glad to find a case so entirely confirmatory of the accuracy of Mr. Pemberton's description, and also one having an important bearing on the origin of these singular tumours. I was, with him, equally unable to find a similar case on record; and, indeed, the information afforded in surgical or pathological writings respecting these larger condylomatous growths is vague and unsatisfactory.

With regard to the origin of condylomata, either around the anus or on the penis, we are always disposed to suspect their syphilitic origin. I have always had reason to suspect such origin in the cases which have come under my notice. I recently removed several condylomata of large size from the margin of the anus of a child of twelve months, in whom the symptoms of congenital syphilis were as marked as the secondary symptoms had been before its birth in both its parents; and, if the smaller condylomata have such origin, why may not these larger growths proceed from the same cause, if their fuller development be favoured by local causes, such as want of cleanliness, or by constitutional disposition, such as often exists, to the production of morbid growths? The habits of my patient were just those likely to encourage the full development of the outgrowths.

The diagnosis of the morbid growth presented no difficulty. The pendulous tumour was unlike any other. Its warty character was evident to the eye; and its papilliform appearance distinguished it from the fatty tumours, which very rarely are found pendulous in this situation. No pain had been experienced, and the foetid odour was certainly *sui generis*.

With regard to treatment there could only be one opinion. I had as little fear of hæmorrhage as Mr. Pemberton, when he began to excise his third case; but, like him, I found the vascularity of the pedicle much greater than I expected. Had I been prepared for this, I should have passed two double ligatures instead of one through the neck, and thus have included a smaller portion of it in each ligature; but I certainly did not expect such a fearful gush of blood from a condylomatous growth. In books we are recommended to place the patient on his side, or stooping forwards, when

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