

CASE OF ANEURISM BY ANASTOMOSIS OF THE SCALP, WITH OBSERVATIONS.

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(For the British American Journal of Medical Science.)

The aneurismal condition of the extreme blood vessels, named by the older surgical writers *nævus maternus*, is, by the moderns, still so called in its superficial forms; in its deeper seated, *aneurism* by *anastomosis*, *tumeur érectile*, *tumeur variqueuse*, *placenterary tumour*, and in all its forms *telangiectasis*. Previous to the time of John Bell, the deeper forms, or such as lie beneath the skin without involving it, were neither designated by name, nor was their nature understood; they were, probably, confounded with a variety of other diseases, or described as anomalous. Mr. Bell first pointed out their distinctive properties, and denominated them *aneurisms from anastomosis*: this appellation I, on the present occasion, retain, not because I think it the most proper, but because by it the disease is best understood.

The following case of this disease is chiefly interesting in relation to the question of treatment, a question fraught with interest in an affection calculated so abruptly to bring life into imminent peril, and which cannot be justly estimated from the result of one case; therefore, after detailing my own case, I will notice those of a similar malady already published by others, so far as I know them, and from these a fair inference as to the most appropriate treatment may be deduced.

On the 19th of last June—Peter McEwan, aged 20, from Canada West consulted me on account of a tumour about the size of half a large orange, situated over the posterior and superior angle of the right parietal bone.

About twelve years' previously he fell on his back, that part of the head occupied by the tumour struck a log, which produced a bruise of the scalp; this spot became very hard, then commenced throbbing, and has been gradually enlarging; during the year preceding the above date, it had increased more than during any former one, and so troublesome had the whizzing pulsation he then experienced become, that it occasionally prevented him from sleeping; in other respects he enjoyed good health.

To the eye, pulsation in the tumour was very apparent; the scalp covering it was thinner than natural, but

not discoloured; to the ear, aided with the stethoscope, the aneurismal bruit was distinctly perceptible; to the feel it was soft, communicated a peculiar thrill to the finger, and could be nearly emptied by pressure, when the bone beneath felt deeply and irregularly indented; on removing the pressure it re-filled almost immediately. The occipital and temporal arteries on the same side were greatly enlarged, (some idea of them and the tumour may be formed from the plate,) and imparted a vibrating sensation to the finger placed over them. The bone beneath them also was channelled out, evidently by the continued stream of blood passing through the enlarged and excited vessels, having caused its absorption.

Before adopting any plan of treatment, the patient was seen by Drs. Holmes, Crawford, G. W. Campbell, and McDonnell; all agreed as to the nature of the disease, and concurred in the propriety of trying to effect the consolidation of the tumour by means of setons. Accordingly, on the same day (June 19) three small setons were passed through it.

On the 21st, passed a fourth, and two through the occipital artery, between the tumour and mastoid process.

On the 24th, passed a needle beneath the occipital artery, just where it emerges from behind the mastoid process, and twisted around it a hare-lip suture, sufficiently tight to keep its anterior and posterior surfaces in close contact, with the view of thereby producing their adhesion and its obliteration. The temporal, close to the edge of the zigoma, was treated in the same way. This had the immediate effect of arresting the strong pulsation and vibration, in both tumour and arteries, and even the bruit was but faintly perceived with the stethoscope.

28th.—Feeble pulsations again perceptible in the right temporal, and occipital. The stethoscopic bruit more distinct in the tumour; considerable irritation from setons—removed three of them; one was followed by a gush of arterial blood, which was arrested by continued pressure. No more irritation where needles have been applied than desirable. Painted tumour with iodine.

29th—Removed two more setons; hæmorrhage again