CLINICAL LECTURE ON SOME SURGICAL CASES.

DELIVERED AT

The Medical School of the Middlesex Hospital.

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Cancer of the Tongue.—Abdominal Wound, with Protruded Omentum and Bowel.—Femoral Hernia.—Hæmorrhoids.

THERE are several cases of interest at the present time in the surgical wards, one or two of which I have selected for my lecture to-day.

The first case to which I will allude is a man in Forbes Ward, who was admitted November 22nd for cancer of the tongue, which was first noticed between three and four months ago as a small abrasion on the right side, caused, as he thought, by friction against a decayed tooth. There was, on admission, an irregular ulcerating sore, with raised edges and central longitudinal furrow, situate on the edge and dorsum of the tongue, extending forwards to within half an inch of the apex, and projecting by its whole surface beyond the level of the surrounding healthy tissue; the cervical glands were not enlarged. As is the case in cancer of the tongue, the disease had spread rapidly from the spot in which it had first occurred, but uniformly from this spot, and not in patches with healthy portions intervening, as is usually seen in syphilitic affections of this organ.

The important question in this, as in all cases of lingual cancer, is, what can be done? Well, if the organ be extensively involved, and the neighbouring glands affected, as they are sure to be, but without very severe suffering, leave the patients alone; or, if need be, apply caustics to the sensitive ulcerated surfaces, or divide the lingual nerve. At the best, you must regard an operation as, in most cases, a relief from, or a preventive of, pain.

There is no organ in the body in which epithelial cancer takes a more rapid course than in the tongue, and statistics make one doubt whether in the majority of cases life is lengthened at all by operation, while in incomplete operations it is often undoubtedly shortened. Where, however, there is much suffering, an operation is often of the greatest value, even when the affection of the neighbouring glands precludes the notion of more than temporary benefit. Even if life be not prolonged, still it may be passed in comparative ease.

Now as to the mode of operating; if chloroform be not used, and the body of the organ be not largely involved, I prefer removal by cutting out, for, although there may be greater hæmorrhage, yet, the patient being able to assist by position and by keeping the mouth open, the bleeding vessel can, as a rule, be taken up soon; but under chloroform, the patient cannot thus aid the operator, and then hæmorrhage may be alarming. It is said that, by the use of the *écraseur*, bleeding is lessened considerably. In the present case, the action of this instrument was too rapid to produce this effect, and the lingual artery spouted, but was soon stopped; still, in other cases where it has been used slowly and so long a time as twenty minutes has been taken for the division of the organ, hæmorrhage has occurred to an excessive extent.

One disadvantage in the *écraseur* when applied through the opening of the mouth, is this: that the wire tends to work obliquely, and not vertically, through the base of the tongue, and is thus liable to slip, so as to leave some of the affected part behind. Even when, as in the present instance, large needles are introduced as guides to the course of the *écraseur*, they are apt to be pushed forward, tearing their way through the tissue of the tongue. To avoid this, a better plan, and one which I regret I did not adopt in the case before us, is to make an incision into the mouth between the muscles in front of the hyoid bone; in this way, the wire can be passed between the anterior bellies of the digastric muscles and the muscles which pass from the hyoid bone to the tongue, without danger to any vessel, and can there be worked from below so as fairly to cut through the thickness of the tongue. In this case, the sublingual gland is diseased, and, as this cannot be easily removed, I shall apply to it strong caustics, as well as to the posterior edge of the wound in the tongue.

There is one feature characteristic of operations on the tongue which is very noticeable; it is this: that, however large the wound made, in twenty-four hours it will be greatly diminished, and healing will rapidly progress. No structure heals so quickly as the tongue, and this, too, in spite of its being frequently moved in swallowing and speaking; the cause being, as I believe, the perpetual washing away of all discharge by the saliva.

Another case of interest is that of a man admitted on Dec. 3rd, with two penetrating triangular-shaped wounds, one in the right inguinal region, the other in the right thigh on the inner side of the vessels. A little blood was oozing from each, but from the upper wound a small knuckle of slightly congested, but otherwise uninjured intestine, and a small piece of omentum, protruded. These were returned, the wounds washed with chloride of zinc lotion and dressed in the ordinary way, and a good dose of opium given. The frequency with which we meet an early repetition of an unusual case is well known. You saw recently a corresponding injury under Mr. Hulke's care—a small wound in the abdomen with protrusion of omentum and bowel. The patient died in a few days of peritonitis, and such will, I fear, be the fate of my case. The prognosis is, indeed, generally unfavourable. May it be that unhealthy matter is introduced through the weapon not being clean, or through the introduction of substances from the clothes? In these cases, as often after operation for hernia, an insidious form of peritonitis is apt to supervene; there is no great complaint on the patient's part of pain or otherwise; but still the pulse is accelerated; the breathing becomes thoracic; the face looks drawn; there is tenderness on deep pressure upon the abdomen; and, as was remarked to me by Mr. Hulke, the temperature in such cases is not raised, but, on the contrary, lowered. This was the condition of my patient yesterday and this morning, and death will, I anticipate, ensue; sometimes it occurs in twenty-four hours, in other cases from three to four days, or longer, from the onset of these symptoms. This man is being treated by small doses of opium and calomel combined, administered by the mouth frequently—the best remedy, in my opinion, in such cases.

A third case to which I will draw your attention is one of femoral hernia of long standing, for which a truss has been worn. The patient states that the rupture has been down several times before, but has been easily returned until the last descent, two days ago, after which symptoms of strangulation soon followed. There had been pain about the tumour and frequent vomiting of stercoraceous matter, and, as taxis failed, she was forthwith submitted to the cutting operation. One unusual feature existed in this case; namely, the sac was of great thickness—more than one-eighth of an inch—closely surrounding a coil of moderately congested intestine, and containing but a few drops of dark coloured fluid; whereas one would rather have expected a thin sac containing a moderate quantity of light-coloured fluid. This condition is explained by the fact that, during the first weeks of the existence of the hernia, there had been inflammation of the sac, for which she was leeches, and treated for inflammation of the inguinal glands. She is taking now frequent and small doses of opium; and at the present time, more than fifty-six hours after operation, there is no bad symptom.

In my younger days, a large number of cases died, and, I believe, on account of the treatment adopted. It was customary in all cases where the gut was at all congested to give castor-oil soon after operation. It is now usual to substitute opium for the oil; and this is a sound change for the better. When a joint is wounded, we do not seize hold of it and flex and extend it, but keep it quiet; so in injuries to the intestines we ought not to excite peristaltic movements, but keep them in check. Opium will do this, and more; for, besides subduing the muscular movement, there is the soothing of irritation here, as elsewhere, produced by this drug. After operation for hernia, the inflamed bowel returned into the peritoneal cavity is a source of greater danger than the wound itself. That the peritoneum will recover from very large wounds, is seen in cases where ovariectomy has been performed. It is when, in addition to a wound, there is a diseased organ present, as the kidney, or liver, or the patient is worn out by exhaustion from pain or vomiting, or, which in hernia cases is more common, inflamed intestine is returned into the abdomen, and acts as a source of irritation, that the danger is immensely increased. Another source of danger in days gone by, which you should be careful to avoid, was the placing of a pad of lint over the wound, and confining it by means of a bandage for some days. In many cases, the blood and exudation from the wound became decomposed, and this unhealthy matter found its way readily into the peritoneal cavity and inevitably caused low peritonitis. This plan would not be so injurious now that we use antiseptics, but still I would advise you not to allow the first dressing to remain more than from twelve to eighteen hours, and to be careful afterwards, should suppuration take place, to allow free egress for the matter, and use antiseptics thoroughly. Hernia, gentlemen, claims from all of you your serious attention. Cases occur at all times and in all places, and you will be called upon to treat them at once promptly and prudently. Remember that no class of cases presents greater variety. Each case may prove a fresh test of skill and judgment.

The last case which I will bring before you is one of hæmorrhoids. A man was admitted some days ago in an extreme state of anæmia and

debility, so much so that his mental powers were greatly impaired; he was suffering from large internal piles, which had no doubt been the cause of much hæmorrhage. This, however, he did not admit, but owned only to having *occasionally passed a little blood*. Now this is a point for you to bear in mind; patients will often, through neglect or otherwise, underrate the hæmorrhage which attends this disease. Not long ago, a gentleman called on me suffering, as it seemed at first sight, from a small pile, which might be treated with acid satisfactorily; he said he had occasionally passed a little blood with his stools, but not much, and thought little of that symptom. On requesting him, however, to bear down, a large mass of hæmorrhoids passed through the anal orifice, accompanied by a gush of blood as from a large artery. It is therefore unsafe to take a patient's word on this subject; but you must examine him carefully, and, whenever you see any hæmorrhoidal tumour, with or without much vascularity, advise the application of nitric acid or ligatures, as may seem most fit, at once. Of these two modes of treatment, I prefer tying in extensive or very vascular tumours to the application of acid. As the former method is now employed, there is not the pain which in times past attended it. Drawing the tumour well down and cutting through the mucous membrane where it is reflected on to the anus, and, if need be, prolonging the cut towards the upper part of the tumour, taking care, however, to keep parallel to its inner face—you apply a ligature firmly and as high as you can reach. This preliminary section reduces the part to be tied to so small a limit that the loop on the ligature would hardly encircle a crow quill. There is no danger of hæmorrhage, for the vessel lies towards the free surface. Each tumour should be treated in this way; the strangulated masses should then be cut off, the stumps with the ligatures attached should be returned, and a suppository of opium introduced into the bowel. There is very little after suffering; it may be necessary to give opium to keep the bowels quiet, but seldom to allay pain. By this mode, a permanent cure is effected, and at the time of operation any loose folds of skin, which remaining are apt to ulcerate and irritate, can be snipped off. When time is of importance, the application of the strong nitric acid may be preferred. It might be safer, too, in patients with pronounced disease of the kidneys, or with phthisis. In minor cases, also, where there is rather a varicose state of vessels than actual tumour, the acid answers well. In using the acid, you must be very careful not to touch the true skin. I prefer either of these methods to the third plan of treatment, namely, cutting away after compressing the base of the tumour by flat forceps, and then applying the actual cautery, or removing by the cautery. I do so for the reason that hæmorrhage does sometimes follow this plan of operating. It has, I know, been practised successfully by some surgeons, but still there is this risk, and as yet I see no reason for forsaking the other method. Pyæmia is said sometimes to be set up by the ligature, but this has never happened in my experience.

A few words as to the after-treatment; the patient must be kept in bed or on the sofa for six or seven days, and for seven or eight days without an action of the bowels, and during this time he should have a spare diet. Then some purgative medicine should be taken so as to cause a watery evacuation, and thereby avoid pain or distension of the newly cicatrised surface; and the action may be aided by a full enema gruel and oil.

ON THE HEALTH AND METEOROLOGY OF NEWCASTLE AND GATESHEAD DURING THE YEARS 1868 AND 1869.*

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THE registration of diseases has been carried on under the auspices of the Northumberland and Durham Medical Society since January 1864. Reports based upon the returns have also been regularly issued and published. For the first four years of this period, the table of diseases was limited to certain of those which appear to involve a morbid condition of the blood; but in January 1868 it was extended and altered, so as to comprise all diseases—general, constitutional, and local—as well as cases of injury and of accident; the schedule being the same as the form which was recommended by this Association at its annual meeting in 1867. For the first four years, also, the returns were contributed by practitioners engaged both in public and private practice. As, however, this plan was found to be uncertain, in January 1868 the returns were limited to the public medical practitioners, or those in charge of the Union and other charitable and public institutions. While,

therefore, the returns of the first four years were contributed from a wider area of observation, in value, for purposes of comparison and of deduction, they are far exceeded by those of the last two, because such were obtained from a certain and from an unvarying source.

In observance of the regulations respecting the time allowed for papers, this communication will be limited to a series of statistical statements obtained by the collation of the returns for the years 1868 and 1869. It is to be carefully remembered that all the statements have reference to the public practice only of Newcastle and Gateshead. The calculations also have been made upon the computation that the estimated population of Newcastle-upon-Tyne, in the middle of the year 1868 was 127,701, and in the middle of the year 1869 was 130,503; while that in Gateshead, in 1868, was 40,041, and in 1869, 42,928.

The total of the new cases of disease and injuries occasioned by accident observed in the public practice of Newcastle in the year 1868, amounted to 16,059; and in 1869, to 17,084; and in Gateshead, in 1868, to 4665; and in 1869, to 6075. Allowing for the increase of population, the new cases of sickness in Newcastle, in 1869, were 673 in excess of those in 1868; and in Gateshead, in 1869, 1074 in excess of 1868.

The total of the seizures from diseases dependent upon a morbid condition of the blood in Newcastle, in 1868, amounted to 3445; and in 1869, to 2540; and in Gateshead, in 1868, to 945; and in 1869, to 1013—in Newcastle, the number for 1869 being 905 under that for 1868; and in Gateshead, the number for 1869 being 68 over that for 1868.

Small-pox in both towns has been almost absent. In Newcastle, in 1868, only 4 cases were returned; and in 1869, 5; in Gateshead, in 1868, 2 cases; and in 1869, 3. In Newcastle, the cases were imported ones—those of foreign sailors, from vessels arriving in the river Tyne. Small-pox in Newcastle in the years 1864 and 1865 prevailed epidemically. In 1864, the returns, which during that year and the three succeeding ones were contributed by private as well as by the public practitioners, contained 262 cases; in 1865, 167; in 1868, 38; and in 1867, 17. The wide-spread frequency of the disease in the early months of 1864, was followed during the same summer by a decline; and, in the winter of 1865, by a second augmentation—not, however, of long duration. From multiple observation, the value of previous vaccination was forcibly exemplified. Of 75 cases never vaccinated, the eruption was confluent in 54—rather over two-thirds—and fatal in 28, or 37 per cent.; and of 91 cases previously vaccinated, the eruption was confluent in 17—less than one-fifth—and fatal in 2, or a little over two per cent.—nineteen times less severe than in those never vaccinated.

Scarlet fever in both towns was prevalent in both years. In Newcastle, in 1868, 586 cases were recorded, with 44 deaths—a percentage of 7.5; and in 1869, 423 cases, with 25 deaths—a percentage of 5.9. In Gateshead, in 1868, there were 189 cases, with 20 deaths—a percentage of 10.6; and in 1869, 121 cases, with 10 deaths—a percentage of 8.3.

Measles, in both towns, in both years, was never much in power. In Newcastle, in 1868, 210 cases were returned, without a death; and in 1869, 174 cases—4 fatal; and in Gateshead, in 1868, 15 cases—recovery in all; and in 1869, 62 cases—1 fatal. In the first six months of the year 1869, 129 cases occurred in Newcastle, and in the last six, 45; whereas in Gateshead, in the first six months, no case was recorded; and in the last six, 62, of which 35 occurred in the month of December.

Whooping-cough was thus returned: in Newcastle, in 1868, 190 cases, with 7 deaths—a percentage of 3.7; and in 1869, 342 cases, with 13 deaths—a percentage of 3.8; and in Gateshead, in 1868, 16 cases, with 1 death; and in 1869, 90 cases, with 1 death. During the first twenty-seven weeks of 1869, no case of whooping-cough was returned in Gateshead.

Diphtheria was thus reported: in Newcastle, in 1868, 2 cases—1 fatal; and in 1869, 3 cases—recovery in all; and in Gateshead, in 1868, 1 case—fatal.

Croup was thus recorded: in Newcastle, in 1868, 21 cases, 2 fatal—a percentage of 9.6; and in 1869, 16 cases, 2 fatal—a percentage of 12.5; and in Gateshead, in 1868, 6 cases, 1 fatal; and in 1869, 4 cases, recovery in all.

Diarrhoea and dysentery, in both towns, were never in either year in much force. In Newcastle, in 1868, 893 cases of diarrhoea were returned, with 13 deaths—a percentage of 1.5; and 59 cases of dysentery, with 6 deaths—a percentage of 10.2; and in 1869, 708 cases, with 11 deaths—a percentage of 1.6; and 80 cases of dysentery, with 5 deaths—a percentage of 6.2; and in Gateshead, in 1868, 257 cases of diarrhoea, with 10 deaths—a percentage of 3.9; and 14 cases of dysentery, without a death; and in 1869, 302 cases of diarrhoea, with 4 deaths—a percentage of 1.3; and 45 cases of dysentery, without a death.

Asiatic cholera, in both towns, in both years, was unrecorded.

The continued fevers were recorded to the following extent. In Newcastle, in 1868, 125 cases of continued fever were returned, with 1 death

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