Clinical Observations.

BY

JAMES SYME, Esq.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF
EDINBURGH.

VI.—TUMOUR OF THE HARD PALATE.

J. G., aged 46, from Wick, in Caithness, was admitted on Oct. 29, 1861, for the removal of a tumour in the roof of her mouth. It was of a circular form; and presented a convex surface extending from side to side, and stretching from the anterior third of the palate to the posterior edge of its hard portion. The growth was soft at its centre; but so hard at the base as plainly to proceed from the bone. It had been growing for two years, and caused uneasy sensations of variable degree.

The removal of this tumour was evidently very desirable, with respect both to its immediate effects and to its prospective consequences; but seemed beset with no ordinary difficulty. At first, I thought of dividing the upper lip, so as to expose the front part of the alveolar ridge, and then divide the bone backwards by cutting pliers on each side close to the teeth. But the growth extended so close to the gum, that the instrument, if so employed, would certainly have glided off it and rendered the extirpation imperfect. I then contemplated a complete removal of the upper jaw, in so far as it entered into the formation of the mouth; but felt unwilling to perform so severe an operation under circumstances of such comparatively inconsiderable urgency; and, therefore, advised the patient to return home until the disease should assume a more serious aspect. But she, naturally averse to undertaking the long voyage without having experienced relief, and with the prospect of being obliged to come back again, urgently entreating me not to delay interference, I resorted to the following mode of procedure.

Upon December 16th, having selected a trephine sufficiently large to embrace the whole tumour, and seated the patient upon a chair with her head bent backwards, I placed the instrument over the growth, worked it rapidly, obliquely from before backwards, so as to divide both the soft palate and bone, and thus, in a few seconds, completely accomplished the object. The teeth of the saw, acting upon the principle of an *écraseur*, prevented the profuse and not easily repressible hæmorrhage, which might have been expected from cutting the arteries of the palate so far back. There was thus very little blood lost; and nothing was required for suppressing the slight oozing that continued, but the introduction of a piece of lint into the aperture which had been made in the roof of the mouth.

Everything went on favourably afterwards; and some sloughing of the textures round the orifice, which took place in consequence of the laceration, seemed to render a good result still more secure. During the granulation that followed, the aperture rapidly contracted, and was at length reduced to so small a size, that the point of a finger was sufficient to cover it when the patient was dismissed.

At no distant period in the history of surgery, all morbid growths from bone which did not admit of removal by amputation were attacked at the centre, and, so far as possible, dug out by chisels and gouges, caustics and cauteries being afterwards applied with the view of more completely extirpating the disease. But all attempts of this kind proved worse than useless, by accomplishing the object imperfectly, and stimulating the morbid action in such part of the tumour as escaped the means of removal. Before commencing practice, I witnessed various cases so treated; and I retain no more painful recollections than those associated with the operations performed on these occasions, which being chiefly required where the face was affected, were followed by frightful deformity, protracted suffering, and a fatal termination.

It was in regard to tumours of the lower jaw that, about forty years ago, a better system of procedure was introduced by dividing the bone, or disarticulating it, beyond the confines of the disease, so as to ensure the entire removal of every part implicated in the morbid action. My respected friend, the late Mr. Cusack of Dublin, had his attention early directed to the importance of this principle; and in accordance with it, performed a number of operations which were published in 1827. (*Dublin Hospital Reports*.) It was the results thus obtained, together with Mr. Cusack's personal recommendation, that led me to consider the subject, and resolve to adopt the same plan whenever an opportunity of doing so should occur. Not long afterwards, a very remarkable one presented itself in the case of a young man who had repeatedly been a patient in the Edinburgh Royal Infirmary, and there suffered two operations upon the old plan at different times for the removal of a tumour from the lower jaw, with the usual effect of exciting the morbid growth, instead of extirpating it. The patient, having been dismissed as incurable, applied to Mr. Liston, who declined interference, as being impracticable with any prospect of success; and he, therefore, returned to the country in a hopeless state. At the end of three years, the tumour having increased enormously during this period, I was requested to consider the possibility of affording relief, which had become still more imperatively required in consequence of occasional profuse hæmorrhage.

The tumour occupied nearly the whole jaw, extending from the left articulation so far to the right side as to leave room for only two of the molar teeth. It had expanded the mouth so as to measure fifteen inches in circumference, and had grown down nearly to the sternum. Not regarding this prodigious bulk as of any consequence, since it depended upon growth outwards and not inwards, I readily undertook the operation, and performed it on July 7th, 1828, with the most satisfactory result. The patient has enjoyed perfectly good health ever since; and for many years led a prosperous life in

the States of America, whence he has sent me stereoscopic views of his countenance, which would seem to retain wonderfully little trace of its remarkable history, as will appear from the copy here presented.

This case, which may be regarded as a transition step from the old to the new system of treatment, was soon followed by numerous operations of a similar kind, which naturally suggested an extension of the same procedure to tumours of the superior maxillary bone. The morbid growths in this situation are not different from those of the lower jaw, and have not proved more amenable to the old operation, as I can testify from the evidence of miserable cases still fresh in my memory. But the more complicated connections, the dread of hæmorrhage, and the painful feeling excited by a foolish attempt which proved fatal from the preposterous preliminary of tying both carotid arteries, offered such obstacles to the operation, that it was not accomplished until May 15th, 1829, when I performed it in the Edinburgh Surgical Hospital. This was the first case in Great Britain, and is the earliest on surgical record, as M. Gensoul of Lyons did not publish his observations until the following year. Since that time, the operation has, here and elsewhere, been performed very frequently, and with almost invariable success, except when undertaken in improper cases through an error of diagnosis. Within the last few months, I have operated once in private, and three times in the hospital, with the most satisfactory results; and only a few days ago, I heard from an old pupil, Dr. Sutherland of the Royal Artillery, stationed at Benares, that he has operated lately with every prospect of success upon a young native in that neighbourhood for a tumour of the upper jaw, which, from the stereoscopic view sent to me, must have been of enormous size.

It will be obvious that the case which has led to these remarks was merely an application, under peculiar circumstances, of the same principle that has produced such great improvements in the practice of surgery.

Lecture

INTRODUCTORY TO THE COURSE OF LECTURES

ON THE

ANATOMY OF THE LIVER:

WITH

OBSERVATIONS ON CERTAIN CHANGES
OCCURRING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

LIONEL S. BEALE, M.B., F.R.S.,

FELLOW OF THE COLLEGE; PROFESSOR OF PHYSIOLOGY AND OF
GENERAL AND MORBID ANATOMY IN KING'S COLLEGE,
LONDON; PHYSICIAN TO KING'S COLLEGE HOSPITAL.

The Influence exerted by Scientific Inquiries, and especially by Minute Anatomy, on the Progress of Medicine.

[Concluded from page 377.]

MINUTE anatomical investigation, as well as certain departments of physics and chemistry, has, therefore, a very important bearing, not merely as regards the nature of the changes which are taking place, but also upon the diagnosis and treatment of disease.

Besides all this, there naturally exists in everyone who loves his profession, an earnest desire to know how each organ is developed; the nature of the changes which occur while it grows and after it has arrived at maturity; the alterations which take place in its structure as it grows old; and the modifications which may occur if the normal conditions under which it lives be altered.

Few organs of the body are of greater interest, when studied from this point of view, than the liver. Developed at a very early period of life—in active operation long before many of the higher tissues bear the impress of their specific character, or commence the work they are destined to perform—the largest gland in the organisms of the higher animals as well as one of the most constant secreting organs in the animal series—placed as a sentinel at a point which the blood, enriched with new substances, recently introduced into the system, must pass before it commingles with the mass of the fluid from which the tissues extract the compounds specially prepared for their support, the liver has always been regarded as a most important organ, anatomically and physiologically, and its structure and uses have, therefore, been carefully studied by successive generations of anatomists and physiologists. The emaciation which always results when its secretion is diverted from its proper course, or when its function is impaired by structural changes; the derangement in the general health which constantly results from slight disturbance in its action; the progressive failure of the health in chronic diseases of the organ; the rapid death which follows from acute affections, or from severe injuries; have necessarily led physicians in all ages to take the greatest interest in hepatic diseases; and the liver has been regarded as the seat of origin of many pathological actions, the nature of which has not been fully investigated.

Although of late the researches of Bernard and Pavy, and many other physiologists, have contributed greatly to elucidate some of the changes effected by