Lettsomian Lectures

ON

THE SURGICAL DISEASES OF CHILDREN.

DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON.

BY

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LECTURE II. (*Continued.*)

DIFFERENCES BETWEEN THE SURGICAL AFFECTIONS OF THE DIGESTIVE SYSTEM IN THE CHILD AND IN THE ADULT.

In the digestive system there are no special surgical affections which belong to early life, excluding the congenital deformity of hare-lip, which has already received attention; but I possess the notes of some few interesting cases which appear worthy of record.

Salivary Fistula is a rare affection both in early and in adult life; and it is somewhat difficult to understand how it can be produced, unless an injury should have been the cause.

CASE. In 1858, a boy, aged 7, came under my care with a fistula in his left cheek, which had been discharging a clear fluid for one month. A swelling had previously existed at the spot for one year, and this had gradually increased until it had acquired the size of half a walnut. The mouth was dry upon that side; and the boy stated that, when eating, the discharge from the cheek was very profuse. This fact was readily tested, and proved to be correct; and several drachms of saliva were quickly obtained. Upon exploring the cyst with a fine probe, no opening into the mouth could be detected. I therefore passed a seton through the cheek, and left it in for two weeks. By that time the saliva had found its way through the artificial opening; and, as a consequence, the seton was removed. The external wound rapidly closed, and convalescence was secured.

Ranula, or rather *sublingual cyst*, is not a more common affection in early than it is in adult life; but when it appears in children, its increase is certainly more rapid. But this is only consistent with the fact that all secretion is more active at that early period of life. *Ranula* is now well known by recent pathologists to be simply an obstruction to the ducts of the mucous glands, and is not in any way connected with the salivary. In children, the secretion of mucus is always active and profuse; and on that account cases of *ranula* are generally rapid in their appearance. The most effectual treatment is to be obtained by the passage of a seton through the tumour, a double thick silk being the best. It is seldom necessary to leave it in more than one week, sufficient inflammation having been excited during that period to cause a destruction of the secreting wall and a cure of the disease.

I have before me the records of cases which have fallen under my own care, in which this *ranula* was very large. One was in a female child, aged only 5 years. The tumour was of the size of a large egg, and was only of three weeks' growth. The child was

unable to articulate, and could not eat; the tongue being pushed quite out of its place against the roof of the mouth. A seton was put in, and the secretion let out; two ounces of thick albuminous fluid escaping. After one week, the seton was removed, and recovery followed.

In a second case, of a boy aged 8, the *ranula* was so large, that it appeared as a fluctuating tumour beneath the jaw. The tongue was also much displaced, rendering articulation difficult and indistinct. By the introduction of a seton, a complete cure was readily secured.

It is scarcely necessary to dwell longer upon this subject; the special point of interest in these cases being their rapidity of growth, and the readiness with which a cure can be obtained by the passage of a seton.

Warty Growth upon the Tongue. To illustrate this subject, I propose to quote a case of warty growth upon the tongue, which came under my care in 1857. It was in a female infant, aged 1 year; and the mother had observed the growth for five months. It occupied a greater part of half the tongue; the extreme tip was, however, free. The warts were raised and pedunculated. The child's health was otherwise good. A free application of nitrate of silver proved sufficient to destroy these growths, and recovery followed.

In contrast to this simple affection, I must quote a second case of warty growth upon the tongue; which was, however, due to a different cause, evidently constitutional. It was in a female child, aged 1 year, who had, one month after birth, shown every symptom of congenital syphilis. It had had the snuffles and a general cutaneous eruption, which had been cured at St. Thomas's Hospital. The child remained apparently well for five months, when a warty growth was observed upon the tongue, which gradually increased. When I saw the child, this growth was of about the size of a sixpence, and was precisely analogous to the condylomata which are found in the female genitals. A like growth also existed upon the lips and anus. Grey powder in one-grain doses, combined with seven grains of dried soda, was given twice a day; and in one month the child was well.

These two cases form an interesting contrast—one of simple warty growth, the second of syphilitic.

I will now proceed to quote a third case of warty growth of the tongue, of a totally different nature from either of the former cases. In its nature it is so distinct, that it is hardly possible for any one to fail to recognise it when once aware of the class of cases to which it belongs. I allude to a degenerating *nævus*. It was in a child 10 years of age, who had had a swelling in the tongue from an early date; but it was only during the last twelve months that it had put on the appearances which it presented when the child was brought to me. The posterior part of the tongue was covered with the peculiar vesicular and warty growth which is so characteristic of a degenerating *nævus*; and, without the history, the true nature of the case could be made out. But the mother had observed that the tongue in previous years was at times much swollen, particularly when the child cried; this fact being very visible, as the child used constantly to protrude the organ involuntarily when screaming hard. This temporary enlargement would rapidly subside, and the tongue

again appear natural as to size. The above history clearly pointed to a vascular tumour or nævus.

With these three cases, the diseases of the tongue may be passed over; and I have been tempted to bring them before you mainly for their own interest.

I must, however, add one word respecting

Wounds of the Tongue, and more particularly relating to their treatment; being anxious to show the necessity of treating all such cases by means of sutures, if the substance of the organ be much involved; for such wounds have a great tendency to gape, and much serious inconvenience may subsequently arise from a neglect of this measure. If they be treated, however, by sutures, good union will generally take place; repair here going on very rapidly. In a case which came under my care eight years ago, the evils of a neglect of this practice were well shown. It was in a girl aged 9 years, who had received an extensive wound of the tongue from a fall six months previously. The case had been neglected, and no surgical treatment had been employed. As a consequence, the right half of the tongue was nearly separated about the centre, and it was with difficulty that the child could speak or masticate. I pared the edges of the wound, and applied sutures; a good recovery taking place.

The *Tonsils* and their diseases hardly require any special observations. Their chronic enlargement may be found in children as well as in adults, although perhaps such cases are more common in early life. It is a disease essentially of debility, and is to be met by iodine and tonics; quinine and the iodide of iron being undoubtedly the best. If they become very large, indurated, and pale, so as to affect the powers of deglutition and respiration, excision should be performed; the guillotine being the safest instrument to employ. In one case which came under my notice, these glands were so large as to prevent the patient's deglutition of solid food. The child was 3½ years old, and had lived for six months upon liquids only.

I have never seen any good result from the local application of nitrate of silver, iodine, etc., in these cases; and have sometimes thought that they do harm. I never use them. Internal remedies prove generally successful.

Surgical Affections of the Anus and Rectum. We will now pass downwards towards the terminal end of the digestive canal, and consider if there be any surgical diseases of the anus or rectum which are either special to childhood, or are more frequently found then than during adult life; and the first to which I will draw your attention is *Polypus Recti*. This disease is by no means an uncommon one in children, but in adults it is without question comparatively rare. It has been only of late years that much attention has been paid to this subject.

In 1859 I had the pleasure of bringing before your notice a short paper, in which I wished to prove that in children hæmorrhage from the bowel is a very certain indication of the existence of a polypus; and I brought forward at the time, to demonstrate the fact, many cases as well as preparations of the polypi which I had removed. Since that date, many similar cases have fallen under my care; and I must confess that it is a rare thing for me to meet with any instance of hæmorrhage from

the bowel in children, which is not to be explained by the presence of such a growth.

These growths are generally found in children under ten years of age. In some cases, the discharge of blood from the bowel is constant, and the patient will be brought with its clothes stained, and its buttocks smeared with a bloody mucus. In these instances, the polypus will generally be found to be within, if not protruding from, the sphincter. In other examples, occasional discharges of blood will be observed, although not to a great extent, and will generally accompany and follow the act of defæcation. In others, again, the hæmorrhage will take place independently of any such process. In a patient exhibiting any of these symptoms, a careful local examination should be made. Much care is required in the examination, as the growth is readily passed by and overlooked. The best plan is to sweep the finger, passed well into the rectum, completely round the walls of the bowel. The polypus will thus be dragged from its attachment, and its pedicle will be made tense; thus arresting the attention of the examiner. By a careless examination, it is almost sure to be overlooked, unless very large.

When it is once detected, the cure is not difficult. The removal of the growth is the only correct treatment; and this may, in a large proportion of cases, be readily done by simply hooking the finger over the pedicle, and breaking it off. I have never known any evil result from this practice, not even hæmorrhage; the process of lacerating the pedicle preventing this occurrence.

In other instances, the polypus may be brought externally, and ligatured. If the pedicle be thick, and the polypus high up, it should be dragged down by means of forceps, or by a wire noose, and then ligatured. The removal by the finger is the readiest and best practice, and it is the one which I have almost always followed.

After the removal of the growth, a cure may confidently be predicted; some care being always taken by the surgeon to satisfy himself that a second growth does not exist.

The following are brief notes of some of the more recent cases which I have treated.

CASE I. J. P., aged 4½, was brought to me after he had been losing blood at stool constantly for seven months, and at times even when walking. Nothing, however, protruded from the anus; and he was free from pain. Upon examination, a polypus was found, which was brought down by means of forceps, and ligatured; the growth being cut off below the ligature. Recovery followed.

CASE II. A boy, aged 10, was brought to me for bleeding from the bowel of twelve months' duration; and for three months it had been profuse and constant. When seen, the child was blanched and powerless. A polypus of the rectum was at once detected, and torn away, convalescence rapidly following.

CASE III. A boy, aged 7, for two years had been the subject of hæmorrhage from the bowel when at stool, and for one year had lost blood even when walking. Powerful straining had also been observed when at stool. On examination, a large polypus was found, with a pedicle which allowed the growth to pass downwards within the sphincter; this fact explained the straining and the occurrence of the hæmorrhage which took place independently of defæca-

tion. A ligature was applied to the pedicle, and the growth excised. Recovery followed.

Prolapsus Recti is another surgical affection which is common to both children and adults, but it possesses some peculiarities when found in young life which demand our notice. It is by no means a rare affection; but, in the majority of cases, it is only a symptom of some other disease—a result, and not a cause. It is constantly found in children who are the subjects of gravel or of calculus in the bladder, or of any disease causing irritability of the urinary organs, such as phimosis and inflammatory affections of the mucous membrane covering the glans penis, with adherent prepuce; it accompanies also constipation of the bowels, and the presence of worms. In whooping-cough, and in cases of great debility, it is also not infrequent.

A correct interpretation of its cause is, therefore, plainly an important point to be acquired before any hope of its successful treatment can be entertained. It must be observed, however, that in the majority of cases of so-called prolapsus recti, there can be no doubt that the projection is only of the mucous membrane; but, in some rare and extreme instances, the whole bowel appears to be forced downwards, giving rise to a form of intussusception.

It is needless to quote examples illustrating all the various causes of prolapsus recti, for the experience of most surgeons will readily suggest many; but, in every case which comes before our notice, it is as well to examine carefully the condition of the urinary organs; to see that no stone exists in the bladder, and more particularly that there are no adhesions of the prepuce to the glans penis, or retained secretion from Tyson's glands; these concretions, without doubt, being amply sufficient, as well as the most frequent causes of all the symptoms.

If habitual constipation be the cause, it must be treated. I have seen a girl aged 16, who for five years had been the subject of prolapsus recti whenever any action of the bowels took place, this action seldom being under five, six, or seven days; and, in passing, I may remark upon the great benefit which patients suffering from this disease experience from the habit of relieving the bowels at night; that is, of assuming the recumbent position after the act. In these cases, the benefit is most marked; but the habit is a good one in all cases of rectal disease.

As a symptom of ascarides, prolapsus is very common; for this, a good calomel purge is often amply sufficient to obtain a cure; but, otherwise, enemata of some bitter infusion, such as quassia, will answer the same purpose.

In some cases, however, this disease is due to a weakness of the parts and a general want of constitutional power. In such instances, the general health must be attended to, and the bowel reduced after each prolapse. In many examples, this treatment answers every purpose; but in some, more energetic local treatment seems called for; and in these I have found much benefit and no evil result from the local application of the nitrate of silver to the whole surface; this must be done, however, rapidly and regularly, and the whole prolapsed membrane should be well covered, dried, and returned. It is seldom that more than one application is called for; and I have never seen any evil result from the practice.

Hæmorrhoids in childhood are a remarkably rare

affection. I have seen many cases so called, but very few which were genuine cases of this disease; the majority of such being undoubtedly examples of rectal polypi. In looking down my notes of cases of polypi, I find the observation "treated for piles" to nearly all.

Anal Abscess and Fistula in Ano in early life are very rare diseases; that is, when compared with their frequency in adults. I have had one case under care in a boy aged 5 years; but this is the youngest subject in which I have seen this affection. They call upon me for no remark.

[To be continued.]

Illustrations OF HOSPITAL PRACTICE: METROPOLITAN AND PROVINCIAL.

WEST LONDON HOSPITAL.

CASES OF DISEASE OF THE THYROID ARTICULATION
AND LIGAMENT; WITH CLINICAL REMARKS.

Under the care of G. D. GIBB, M.D.

[Concluded from page 473.]

CASE V. *Cynanche Tonsillaris; Inflammation of the Left Thyro-hyoid Ligament.* A young married woman, aged 20, was admitted on April 27th, 1863, with sore throat of six weeks duration. She got better; and four days ago a lump formed in the left side of the neck, involving the thyro-hyoid ligament, which was sore and tender. It is disappearing under treatment.

CASE VI. *Subacute Laryngitis and Follicular Disease of Throat; Inflammation of Left Thyro-hyoid Ligament.* The subject of this case is at present under treatment, and was admitted on April 27th, 1863, with subacute inflammation of the larynx and fauces of seven weeks duration, attended with aphonia at first. The left thyro-hyoid ligament was inflamed, and swollen to the size of a small and oval Barcelona nut; it was very tender to the touch; there was no dysphagia. The throat was so very irritable that laryngoscopic inspection was obstructed. He is already better from treatment.

CASE VII. *Acute Sycosis Mentagra of Three Weeks; Inflammation of both Thyro-hyoid Ligaments.* Mary Ann L., aged 32, was admitted on February 2nd, 1863, with acute sycosis mentagra, that had been developing three weeks. There was an absence of tubercles; but bright yellow pustules formed in patches, burst, and formed crusts. They reformed several times. Dysphagia was present; and two painful and tender lumps, of the size of small nuts, were felt in the neck, corresponding to the right and left thyro-hyoid ligaments. Poultices were used for the face, and Donovan's solution was given internally in eight-minim doses thrice a day.

By the end of March, the cutaneous affection was cured, and the lumps in the neck had wholly disappeared; but some tenderness remained, with retraction of both cords to the extent of one-half of their natural length.

COMMENTARY. The small and delicate cord which holds together the cornua of the hyoid bone and upper part of the thyroid cartilage is frequently inflamed; and if not attended to early, ends, in many cases, in obliteration, so that the cornua either come into contact, or nearly so, in a capsule that surrounds them, in which is one or more small sesamoid bones. When the capsule is formed, there is a tendency to dislocation of the joint, and a peculiar pricking sensation is felt in