

ORIGINAL COMMUNICATIONS.

CLINICAL LECTURES ON SURGERY NOW IN
COURSE OF DELIVERY AT QUEEN'S
COLLEGE, BIRMINGHAM.

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[Reported by James Jaffray, Esq., and corrected by the Author.]

LECTURE V.

ON CANCER OF THE TONGUE, AND ON OTHER DISEASES OF THE
TONGUE WHICH MAY BE CONFOUNDED WITH CANCER.

I INTEND in this Lecture to draw your attention to a case of cancer of the tongue. I wish also to direct you more especially to the diagnosis of cancer of the tongue, and to the occasional difficulty of distinguishing a pure cancerous disease from other diseases presenting similar appearances, which are not cancerous: I allude more particularly to venereal diseases of the tongue, and to diseases of the tongue caused by the use of iodine, or by the use of mercury. In the first place, I will detail the history of the case to which I have alluded.

A man made his appearance at the Queen's Hospital about two months ago, suffering from an ulcerated tumour at the base of the tongue on the left side. He was about 62 or 63 years of age; had never been the subject of syphilitic taint; had never taken mercury or iodine. The health of himself and family had been previously good; and he did not smoke. He attributed the origin of the disease to the irritation produced by decayed or carious teeth. On examination, there could be no doubt that the affection was cancerous: it had commenced as an indurated spot in the substance of the tongue, about nine months previously; then it ulcerated, and had given issue to a nasty sanious oozing; it spread gradually, and rather quickly. There could, as I have said, be no doubt of its nature. Its cause, however, appeared obscure; and I need not tell you that frequently in cancer the proximate cause is obscure; for, although cancer is said to be a blood-disease, it frequently recognises local circumstances as causes for its first appearance. In other respects, the man appeared to be in rude health; at all events, he had the aspect of good health; and yet he exhibited this cancerous disease of the tongue. I have had before occasion to allude to cases where patients, suffering from very formidable local manifestations of cancer, have otherwise the aspect of good health. He was recommended to have the disease removed before it got any larger: he came into the hospital for that purpose; and the cancer was removed about three weeks ago, and the wound is now looking healthy, and all but healed.

There are several proposed modes of extirpating cancerous growths, in addition to the knife—by caustics, by ligature, by congelation, by compression; but all these, except the ligature and the knife, were manifestly inapplicable to such a case. Congelation, caustics, and compression are inadmissible, for obvious reasons, in cancerous diseases of the tongue. Ligature would have been difficult, if not impossible. At the best, it would have been a tedious matter, a matter of pain, and not so certain as removal by the knife. Having passed these circumstances in review, it was determined to remove it by the knife. But there was some difficulty even in that: it was impossible, by any kind of forceps, to keep the tongue sufficiently far out to reach the tumour, which was situated very far back; the spasmodic action of the tongue was so great, the moment one laid hold of it, that it was impossible to keep it sufficiently out of the mouth. It was suggested to pass a ligature through the body of the tongue, to steady it, and enable me to draw it forwards. This was done, and answered very well. The tumour was then removed by passing the knife through the centre of the tongue, and including the whole of the tumour between two incisions of this shape V.

The operation itself was a matter of very little difficulty, and soon accomplished; the left ranine artery was cut through, and bled profusely. When the ranine artery is divided, the hæmorrhage is sometimes very great; and the retraction of the artery into the lax tissue under the tongue renders the application of a ligature a matter occasionally of very great difficulty indeed. But here I determined to abandon the ligature altogether, and to touch the bleeding vessels with a cautery heated to a white heat. This was done, and the hæmorrhage was immediately stopped. The man felt very little pain from this, although quite sensible, and not under the influence of chloroform. Chloroform indeed would be dangerous in a case of this kind, considering that it was probable that a flow of blood into the throat would ensue, which, if the patient were under the influence of chloroform, he would have no means of getting rid of.

Such are the general details of the case. The wound is now very nearly healed. Now, a ligature might have been used to stop the hæmorrhage; but a ligature in the mouth produces a constant secretion of saliva, which becomes a source of great annoyance to the patient. The better course is the application of the actual cautery; the only thing that militates against its use is the fear of such an application; but this is to a great extent fallacious. The actual cautery is a very safe and proper remedy in such cases; it answers very well, and gives the patient little pain.

I now come to what I consider the more important part of the lecture; that is, the comparison of cancerous diseases of the tongue with other diseases that are not cancerous. The first affection which I shall point out to you is what I have termed iodic disease of the tongue. I have seen several patients who have taken iodide of potassium for a long time, who have had hard lumps on the tongue, which have disappeared upon the disuse of the iodine. A surgeon came to me with a case of this kind. He had been in the habit of taking iodide of potassium; and he said, "Whenever I use this medicine for two or three days, solid lumps, like venereal tubercles, make their appearance on the tongue, and the latter organ becomes so large and painful that I am obliged to give the remedy up." This is one of two or three cases I have had occasion to mention in which these tumours were clearly due to the use of iodine, and subsided after it was left off. If iodine be continued for a long period of time, the tongue acquires an irregular and sort of tubercular enlargement; it is hard, sometimes cracks and ulcerates; and, if this condition of tongue occurs in a patient that has taken mercury for the cure of syphilis, it becomes a matter of nice experience to determine whether it is due to syphilis, to the use of mercury, or to the use of iodine. But of this I am persuaded, that both acute diseases of the tongue and chronic diseases of the tongue, producing a slow enlargement of the organ, are due to the use of iodine. I had a patient under my care some time ago, who had this iodic glossitis. It had slowly enlarged, tuberculated, and cracked; and, although all these symptoms are generally found in syphilitic diseases of the tongue, yet it was from iodine, and not from mercury, nor from syphilis. When the iodine was given up, the disease of the tongue disappeared.

There is another condition of the tongue which may be confounded with cancer, and that is ordinary chronic glossitis. A patient consulted me about three years ago with a disease of this kind. He had upon the tongue several small abscesses, which breaking had ulcerated, and their edges had become hard and elevated; the ulcers secreted an offensive, dirty pus; and, altogether, the tongue had a nasty look. He had never had syphilis, had never taken mercury or iodine; and that rendered the suspicion of cancer the greater. He asked whether it was cancer or not. I told him I hoped not, and thought not; but I would not at first give a positive opinion. There was no enlargement of the submental or submaxillary lymphatic glands, although the organ had the uneven, tuberculated, hard appearance of a cancerous disease. I accordingly tried a treatment con-

sisting of a milk diet, nitro-muriatic acid, and large doses of conium. Under this treatment, the man got well. This was a case of ordinary chronic glossitis or inflammation of the tongue, terminating in suppuration. You know what is the usual course of phlegmonous inflammation in other parts; but it is not often that it attacks the tongue, although that sort of inflammation may and does affect that organ. I do not think, however, that, with care, you are likely to mistake chronic glossitis for cancerous disease of the tongue.

There are affections of the tongue which are clearly due to the use of mercury. When a patient has been taking mercury for any time, the tongue is very apt to become affected, and in such case it does not exhibit hard lumps in the centre, or lumps like cancerous or venereal tubercles; but it runs into a nasty state of ulceration. What, however, resembles cancer of the tongue more than any other disease, and what the most experienced surgeons have confounded with cancer, is the venereal tubercle of the tongue. Venereal tubercles occur late in the history of a venereal taint. You sometimes find the patient exhibiting such syphilitic symptoms five, six, or ten years after an apparent cure, or after the disappearance of all other symptoms: I have known them longer. There was lately a woman in the detached wards of the hospital with a foul ulcer in the centre of the tongue, which was due to the softening and ulceration of a syphilitic tubercle, seated in the centre of the tongue; in its ulcerated state, it had all the appearance of a cancerous disease; the history and concomitant symptoms, however, left little doubt as to its true character, for she had also one of these softened tubercles on the breast, and a third on the leg. She was cured by taking large doses of iodide of sodium. Now, with regard to venereal tubercle, it occurs where the patient does not think anything about syphilis; when he has forgotten all about it, or that he ever had it. It begins like a little solid hard lump in the centre; so does cancer. It enlarges slowly, and without much pain: so does cancer. It ulcerates, and gives out a fetid discharge; so does cancer. And like cancer, also, it goes on until the tongue is destroyed. The two diseases run an almost identical course; and unless you go into the history of the patient, you must always be in doubt whether the disease is cancerous or venereal. In cases of syphilis, the taint may operate upon the tongue after a long series of years; mercurial and iodic diseases appear whilst the remedies are being used. It would be a very unfortunate circumstance if you should by mistake operate in a case of syphilis; for the effect would be that you would have a foul spreading ulcer instead of a cicatrising and healing one. If you were to cut out the syphilitic tubercle, you would have a very destructive sore. With regard to the treatment of cancer, I have spoken. With respect to the other diseases resembling cancer, their cause points out the nature of their treatment. Suppose a patient comes to you with suspicious disease of the tongue, one resembling cancer of the tongue, and denies ever having had syphilis, and says that he never took mercury or iodine, your most prudent plan would be to put him on the use of mercury and iodine for some time before having recourse to, or even contemplating, any operative procedure. If no improvement takes place within a reasonable period, you may then act with a very much greater degree of safety. The late M. Dupuytren, of Paris, in all cases of disease of the testicle, whether they were syphilitic or not, always put the patient through a course of mercury; and in this way a great many testicles were saved. Now, where the question of the nature of the disease is doubtful, it is your duty to give the patient a course of specific treatment. There are many other diseases of the tongue whose nature may appear at first doubtful; those produced by working exposed to the fumes of mercury for example. A photographic artist, who had occasion frequently to work exposed to the fumes of mercury, two or three years ago, showed me his tongue, which was covered with a nasty foul ulcer, which I believed to be syphilitic. He said, "I have had syphilis, but what I want to know is,

whether the disease is due to my occupation, or to syphilis." It turned out eventually that the disease was mercurial, because it got well under simple treatment, and absence for a short time from his ordinary employment.

These, then, are the most important tongue diseases that resemble cancer. In forming a diagnosis of tongue diseases, on which to found your practice, the great point is to get a correct diagnosis—the matter of treatment is then a very simple thing. To enable you to do this, the following points are important:—

1. The condition of the general health.
2. The nature of any concomitant disease, whether venereal or not; and whether the patient has at any and at what time suffered from constitutional syphilis; under what forms, and how it has been treated,
3. Whether mercury or iodine have been taken for the disease in the tongue, and with what effect upon it.
4. The condition of the submaxillary lymphatic glands.
5. Whether the patient has worked at any occupation in which the fumes of mercury are employed.

A careful inquiry, based on these suggestions, will, most frequently enable you to ascertain the actual nature of the disease, and thus to treat it properly. If an affection of the tongue, of the nature of which we are doubtful, be aggravated by mercury or iodine, internally administered, it is generally benefited by opium, conium, sarsaparilla, and lime water, with gargles of tannic acid, or the hydrochloric acid, or creasote. In other cases, where the disease is truly venereal, it is benefited by the remedies alluded to—I mean mercury or iodine, especially mercury in the form of vapour, which acts magically in many true syphilitic diseases of the tongue. In truly cancerous diseases, when ascertained beyond doubt to be so, the only remedy is the knife, used as soon as the nature of the disease is clearly and certainly ascertained.

Birmingham, May 1855.

COMPOUND DISLOCATION & COMMINATED FRACTURE OF THE ASTRAGALUS: REMOVAL OF THE BONE: RECOVERY WITH AN USEFUL FALSE JOINT.

By J. H. HOUGHTON, Esq., Surgeon to the Dispensary, Dudley.

[Read before the Birmingham and Midland Counties Branch, May 10th, 1855.*]

ON the 22nd of May, 1854, Thomas Cotton, 14 years of age, residing at Tipton, but working at the Dudley Port Lime Works, received a severe injury, for which I was called to see him. When I arrived at his house, I found the foot and ankle carefully wrapped up, and the stocking not removed. From the position of the foot, as it lay, it was obvious that some serious mischief had been done to the ankle joint. On removing the stocking, which was done by slitting it up with scissors, a wound was observed running parallel with the articulating surface of the tibia, on the internal side, and extending from the centre of the back of the foot to the centre of the joint in front. The wound was as straight and clean cut as if it had been made by the knife of the most dexterous surgeon. Through this wound protruded at least two and a half inches of the internal malleolus, to which was attached the astragalus, perfectly separated from the os calcis, and only loosely attached to the tibia. The injury to the ligamentous structures of the astragalus was very great. The peroneal tendons were observed running behind the malleolus, exposed, but not injured. In the anterior part of the wound, the extensor tendons were seen entire; in fact, there did not appear to be any tendon divided. There had been considerable hæmorrhage, which had ceased. The foot was quite warm and sensitive. The tibia was not broken; the fibula was. The articulating surfaces of the astragalus were at right angles to those of the os calcis and tibia.

* The patient attended the meeting.