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 VII.

DISEASES OF THE TONSILS: QUESTION OF THE PROPRIETY OF THEIR REMOVAL: MODE OF PERFORMING THE OPERATION.—CONSIDERATION OF THE NATURE AND SOME OF THE SYMPTOMS ATTENDANT ON THE EARLIER STAGES OF DISEASES OF THE JOINTS.

GENTLEMEN,—I shall not in this lecture call your attention to any specific class of diseases, but make one or two remarks upon cases which have recently come under your notice at the hospital. Within the last two or three days, I have removed by excision two diseased tonsils; both on the left side, and both in adults; the one a male, and the other a female. Now, the amputation of the tonsil may be in itself a very simple thing to do, but it involves several questions of great importance. It involves the question whether the tonsil ought to be removed at all, and for what purposes. A very hot and serious controversy has gone on lately on this subject between two well known surgeons, one stating that he has removed by excision some three thousand tonsils, and two others stating in return that the tonsils (for the relief of deafness) ought not to be removed at all. Now where you find controversies of this kind carried on with considerable warmth, you will generally be sure to get the truth somewhere between the two. It is doubtless an imprudent and unnecessary proceeding to amputate indiscriminately all enlarged tonsils with accompanying deafness. It has been proposed to remove the enlarged tonsil to improve certain kinds of deafness. There may, no doubt, be cases in which it is beneficial in the cure of deafness, for example, in cases where the enlarged tonsil presses on the orifice of the Eustachian tube, thus destroying the power of hearing to a certain extent. We are not, however, to enter into this question now; the point before us is whether there are not certain conditions of the tonsil apart from these considerations that warrant amputation. In both the cases under notice, the tonsils were much enlarged, and in neither were they removed to improve the hearing, for they did not interfere with that function. The hearing in both patients was very good. They were removed in the one case, because they were in the way, impeding deglutition, and rendering the breathing at times extremely difficult. In such a case you are perfectly justified in resorting to amputation. The disease in both the patients had been in existence for many years, and the parts had become almost as hard as a scirrhus tumour.

Having determined that there are certain cases of enlarged tonsil, in which the organ of hearing is not concerned, that require an operation, the next question is how is this to be done. There are three or four ways. Some surgeons try to burn them down with nitrate of silver; some, again, to remove them by ligature. I have done it by ligature myself; but it is difficult, tedious, and painful, and is altogether an abominable proceeding. First, you have to get the ligature round the tonsil, which is difficult; having got it there, it requires tightening from time to time, which is also difficult; the ligature has to lie in the mouth for several days, producing a discharge of fetid saliva, and leaving the patient in misery; sometimes also leaving a nasty troublesome sore when the diseased lump has fallen off. The proper way to remove an enlarged tonsil is clearly by excision, and that simply by means of a curved probe-pointed bistoury. It is very easy to remove it in a proper way. The throat should be well exposed; the tonsil should be

seized by a long pair of forceps, terminating in a small hook. You use the right hand if you have to operate on the left tonsil, and the left hand if the right tonsil. You then get a curved bistoury, probe-pointed, the half of the blade being wrapped round with lint to prevent injury to the surrounding parts. The tonsil should be pulled gently out; the knife then should be placed with its back to the base of the tongue; and you should cut from below upwards. If you cut downwards, you run the chance of injuring the tongue. Follow the curve of the pillars of the fauces, and take care that the blade of the knife is properly directed. It should not be directed straight upwards, but inclined inwards, at an angle of about forty-five degrees. Then it should be made to move with a sawing motion, till a portion of the tonsil is removed. Another question arises: How much should be removed? There is no necessity to remove it all: perhaps one-half or a little more will be quite sufficient. In both the cases under notice, about two-thirds of the enlarged mass was removed; that was quite sufficient to remove the impediment to deglutition. Tonsils may be removed in half a minute in the way I have mentioned, without much pain, and with no danger to the patient. In the operation, a very ingenious little instrument, which has struck me as being exceedingly useful as a sort of gag, may be employed. It is made by Mr. Coxeter, of Grafton Street East, London; and is really admirably adapted for keeping the mouth open and the lips apart. (The instrument was exhibited to the class, and its application explained.) The removal of the tonsil is very much facilitated by the use of an instrument of this kind.

We come now to the consideration of another disease. It is the case of a man whose thigh was removed by amputation a few days ago, in consequence of old standing disease of the knee-joint. The man had been under treatment for a long time; and the history of his case exemplifies one or two points of importance in the early stages of diseases of the joints. It exemplifies nothing as far as the pathology of joint diseases are concerned, except what is already well known; but there are one or two points in the early history of these cases which are very important. For several months before well marked symptoms of actual disease appeared, it seemed to be a case of simple rheumatism. And here I would remark, that what appears to be a mere rheumatic affection often turns out to be chronic or sub-acute inflammation of the synovial membrane, or ulceration of the cartilages, in the end. There is at this moment a very remarkable case of this kind in the detached men's ward, illustrating the truth of this remark. It is that of a man, 23 or 24 years of age, with disease of the hip. He was under treatment for a long time, for what was thought to be sciatica. He had nothing else but pain in the hip, and just where the sciatic pain is; but he was not benefited by the ordinary treatment for that disease. At length he was transferred to me. I did not see anything that would lead me to believe that the disease was anything but sciatica; but, after a time, the hip appeared to be fuller. It was then suspected that matter existed: an exploring needle was introduced, but so deep seated was the matter that it was only after the fifth or sixth trial that the matter was found.

Now, this case exemplifies my position, that what is in reality chronic inflammation often resembles, in the commencement, simple rheumatism. It is important, then, to know that the pains about a joint, which at first appear to be of a rheumatic character, may be due to other causes, and may be the first symptoms of a disease whose progress, if not checked, may ultimately produce total disorganisation of the structures of the joint, and ultimately necessitate the loss of the limb.

In cases of this kind, where suppuration takes place in the interior of the joint, there is little hope of relief to the patient, except by amputation. This man had been cupped, blistered, and put under the treatment known as that of Mr. Scott—the treatment by rest, with the application of mercurial ointment and camphor. The application, which

has appeared to me to be well suited to cases of this kind, and which I generally employ in the Queen's Hospital, is composed of equal parts of the ointment of the iodide of lead, the stronger mercurial ointment, and the extract of belladonna: this is spread thickly on strips of lint, and applied methodically round the diseased articulation. But still very little effect was produced. I think the treatment on Mr. Scott's plan gave him more relief than any other; but still it was not curative. The man at length began to sink, and consented to amputation, which I performed by lateral flaps.

Now, what I want to direct attention to here is not the pathological condition of the parts; that is common; but if we go through the history of the case, which has been going on for three years, we see that it commenced with pains closely resembling those of rheumatism. These continue for a longer or shorter period; but, after a little time, the joint gets tender, and begins to swell. Now, there is little apparent difference between a rheumatic affection and chronic inflammation of the joint in the commencement. Supposing that the symptoms resembling rheumatism continue unabated under ordinary treatment, without benefit, it would then be right to use other remedies. These are rest, cooling lotions, local bleeding, blistering, etc.

You must not suppose, however, that all pains in the joints are either of a rheumatic character, or are due to chronic inflammation, because there are diseases of the joints consisting mainly of pains which are not rheumatic, and are not due to chronic inflammation; and which do not require the treatment applied to either of these diseases; and the treatment which would be likely to be beneficial to these would aggravate the others.

For example, there was a girl in the hospital, in the upper women's ward. She had been ill about six or eight months, when admitted, with pains in the left knee joint; she could not move her left leg. There was little swelling, little tenderness; but she had no power to move the limb at all. We asked her what had been done; and the reply was, that it had been cupped and blistered, that she had been "scotted", to use her own phraseology, but that it had done her no good. Now, it was quite evident that this disease did not depend upon a rheumatic affection, or chronic inflammation; but that it was one of those diseases described under the name of nervous affections of the joints. Into the structure of all organs nerves abundantly enter. If they cannot be demonstrated in many organs, still there can be no doubt that they exist. We find, then, that in young girls, having a tendency to faintings and hysterics, and particularly when the menses are irregular, pains in the joints, accompanied by swellings, often occur, which are generally aggravated by the treatment fitted for rheumatism or chronic inflammation: that is, bleeding, blistering, colchicum, and so on. Now, finding that the remedies which had been applied to this girl had done her no good, but, on the contrary, had done her harm, she was put on good diet and carbonate of iron, and in six or eight weeks she got perfectly well, first walking with a stick, and then being able to move about without it. There are, then, three symptoms which, at certain stages, strongly resemble one another, namely, rheumatic affections of the joints, chronic, or subacute, inflammation of the joints, and nervous affections of the joints. Now it is of the utmost importance that you should be able to diagnose between them.

It is very difficult to distinguish between chronic inflammation and rheumatic affections of the joints, in the earlier stages of the former disease. If treatment for rheumatism fails, you should then have recourse to the remedies applicable to chronic inflammation, that is, regulated diet, bleeding, blistering, cooling lotions, rest, and matters of that kind. But if it should happen that the symptoms occur in females of from 18 to 23 years of age, and you find the symptoms rather aggravated by that treatment, it would become your duty, after a reasonable time, to give up that treatment, to give the patient better diet, and tonic medicines; under such a treatment as this, the joint frequently gets well. It is of the most essential importance

to the patient that you should be able to distinguish between the diseases I have mentioned, because upon the treatment adopted in the earlier stages very frequently depends the safety of the limb. Suppose a man is thrown out of a gig, or falls down, or gets a blow with a cricket ball, and he complains in two or three weeks after of pain in the joint, which is sometimes better and sometimes worse; that it gets weak, and painful, and bad, be sure there is some chronic mischief going on in the joint, and it would be your duty to advise the patient to attend to regular surgical rules. It is very common to find these pains proceed from no perceptible cause. If they should arise from no evident cause, with tenderness, you should think it a serious symptom. The mischief may be in the synovial membrane, or the cartilages, which may end in the destruction of the joint, and render amputation necessary.

Diseases of the joints are very common; you see them in every hospital in all stages, generally in an advanced stage; and in the great mass of these cases, you can only give relief, and frequently only by amputation. There is little chance of cure; and the great thing is, by timely interference, to save many limbs. After a chronic inflammation has been removed, you will sometimes find pain remain in the joint, which pain is thoroughly of a nervous character, which bleeding and blistering will not improve. On the contrary, they may aggravate it. You should, in such a case, have recourse to good diet, and some preparation of iron. I have made these few remarks, which I consider extremely important, as you will find when you come to consider the matter practically. It appears to me infinitely more important to enable you to form a correct diagnosis of a joint disease in the commencement, and thus to prevent, by timely treatment, the ravages you know such disease, in its progress, must commit, than to demonstrate to you, after the removal of the limb, in the most masterly manner, the different changes which have been produced by the early neglect or mismanagement of the case. Many of these changes may be prevented, and the limb saved; when produced, they are incurable, and a choice of evils commonly only remains to the patient, such as resection of the joints, removal of the diseased extremities of bones, amputation, and commonly death.

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BIBLIOGRAPHICAL NOTICES.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE: With an Outline of their Medical and Operative Treatment. By JAMES DIXON. London: 1855.

"NOTWITHSTANDING all the assistance the student may derive from systematic treatises and pictorial illustrations, close personal examination of a large number of patients can alone enable him to recognise those delicate changes which the tissues of the eye present under various morbid conditions. *Specially to direct his attention to these changes, and to explain the best methods of observing them for himself, is the primary object of the following pages.*

"I have, therefore, dwelt on the description of outward phenomena; for inasmuch as the peculiar susceptibility of a patient must cause endless modifications of his *subjective* symptoms, a full consideration of these would have expanded my volume, from its present moderate dimensions (395 pages), into a system of ophthalmic pathology."

Such is a part of Mr. DIXON's preface, explanatory of his design in writing a book; the italics in the concluding sentence of the first paragraph, are ours. A work written with the sole intention of instructing the young student, who is about entering the clinique of an eye hospital, "how and what to observe", should combine, in our judgment, three essentials: accuracy of description, a vigorous didactic style, and such an arrangement of the materials of each chapter as shall render them susceptible of easy retention