

freed from the pressure of the neighbouring parts, increases at a still more rapid rate than before. There is profuse discharge, occasional hemorrhage; and the patient is worn out partly by these causes, partly by misery and anxiety of mind, and by starvation: for now he is unable to masticate solid food; and as the destructive process of the parts in the neighbourhood goes on, there is at last great difficulty in swallowing even liquid nourishment, only a small portion of which goes down the throat, while the greater part passes out at the aperture in the cheek. I do not know anything more miserable than the death-bed of a patient who dies from this horrible disease. Such is a brief history of its progress; but if you wish for further information on the subject, you will find an excellent and very graphic account of it in Mr. Travers' paper on Malignant Diseases, published in one of the volumes of the Medico-Chirurgical Transactions.

I suppose that it is this disease of which some surgeons have conceived that it might be removed by ligature. Others have imagined that it might be got rid of by other means; that we might make an opening into the antrum before the tumour acquired a very large size, turn it out with the fingers, and apply the actual cautery to the surface from which it grew. I believe there is a case recorded by Desault, where this operation was performed, and it is spoken of as being successful. But if I remember right he gives the history of the case no later than three months after the performance of the operation; and you all know that a malignant disease may appear to be cured for a twelvemonth, and yet return. The circumstance of the patient appearing to be tolerably well three months after an operation of this kind, by no means proves that it produced a permanent cure.

I did attempt to destroy a tumour of this kind formerly, in the following manner: It was in the early stage of the malignant growth; but the cheek bulged out over the dilated antrum, and the bone of the antrum was absorbed. With a common scalpel I cut out a large portion of the membrane, which now formed the only boundary of the antrum. I then found a large tumour suspended, as it were, in the antrum, appearing to grow from a broad surface. The outer part of the tumour was of soft consistence, which I broke down with my fingers, and I then turned the tumour out, so that the antrum appeared to be perfectly empty. But this was not done without an enormous and indeed frightful hemorrhage. I introduced a quantity of what we call *blue lint*—that is, lint dipped in a solution of copper, and then dried, and filled the cavity of the antrum with it, hoping that this might make the base of the tumour to slough off. Sloughs did come away, but, nevertheless, there was no destruction of the disease. I applied caustic afterwards, and the actual cautery very extensively, but without at all checking the growth of the tumour, which went on in spite of all the plans I adopted with a view to restrain it: in short it grew faster than I could destroy it, the cheek ulcerated, and the patient died in the miserable way that I have just described.

LECTURE XXXIX.

ON ENCYSTED TUMOURS.

IN this lecture I shall make some observations on the case of a little girl who was in one of the upper wards with a large encysted tumour, containing watery fluid, and occupying a considerable portion of the left hypochondrium. The following are briefly the notes of the case:—

“Harriet Copeland, æt. 9, was admitted on the 12th of March, with a firm elastic tumour in the left hypochondriac region, pushing forwards the integuments, and extending backwards, beneath the lower ribs to the left side of the spine. No pain was felt on pressure. The appearance of the neighbouring skin was perfectly natural, and the patient's general health was good. Her mother states that about twelve months ago the child had received a severe blow in the left side from her schoolmistress. The pain which immediately followed soon subsided; and the occurrence was forgotten until about three weeks before she was admitted into the hospital, when, in the act of running, she struck her side with much violence against a post. Great pain followed the accident; and on examining the part, her mother first discovered the tumour, in the situation above described. At this time it was equal in size to a hen's egg, but it rapidly increased in growth, and it is now as large as an orange.”

Having inquired into this little girl's case, I was led to believe that she had an encysted tumour in the abdominal cavity, and that it was probably connected with the liver. I determined, however, to keep her for some time in a state of quiet, in order that we might watch the undisturbed progress of the disease, and that I might be able to judge whether this opinion was correct. On the 30th of April the tumour had considerably increased in size, and presented to the fingers a distinct sense of fluctuation. I now punctured it with a small flat trochar, and drew off about eight ounces of a clear watery fluid, in which was found no coagulable matter. It will be unnecessary to occupy your time with the minute details of this case, the more so as they may be seen in my Clinical Book, to which you have all access. The principal facts may be thus briefly stated:—

After the operation, the patient vomited. Inflammation, beginning at the seat of the tumour, followed, and extended to the neighbouring parts. Bleeding, purging, and other antiphlogistic remedies were of course employed. In spite of all, however, the belly became swollen, tympanitic and tender. Shortly after a swelling, which was attended with considerable pain on pressure, showed itself, occupying the place of the original tumour. On the 19th this had increased in size, and the fluctuation of fluid was perceptible in it; but in a few days more it had altogether disappeared, and pus mixed with

feces came away from the bowels. On the 29th a membranous cyst, of which the parietes in their contracted state were of considerable thickness, was found in one of her evacuations. From that time the patient began to mend, and was soon convalescent.

The important parts, then, of this case may be thus briefly summed up:—There was a tumour in the left hypochondriac region filled with fluid. The tumour was punctured. The fluid, when drawn off, resembled clear water, and was found to contain no coagulable matter, or so little as to be scarcely perceptible. Inflammation ensued. A swelling, having the character of an abscess, then formed, which soon disappeared, and disappeared exactly at the same time that a purulent discharge came away from the intestinal canal. From all these circumstances, conjoined with the final separation of the cyst, it would seem, that after the operation, the cyst suppurated, and that having discharged its contents through the bowels, it afterwards made its way into them by ulceration.

The opinion which I at first formed respecting the nature of this disease, was in a great measure deduced from two cases which were under my care some years ago. I was consulted respecting a lady who had a considerable fluctuating tumour in the right hypochondrium. It was larger than the one of H. Copeland, but in every other respect was similar to it. The only symptoms which seemed to accompany it, were some slight pain in the side, and some difficulty of breathing, in consequence of the pressure which it made on the diaphragm. A most intelligent physician who was in attendance, thought that there was an abscess in the liver; and the first appearance of the tumour was anything but unfavourable to such a supposition; but, then, there were none of those severe constitutional symptoms with which abscess of the liver is usually accompanied. The tumour went on increasing in size, and at last I proposed that it should be punctured. Accordingly this was done; and about three pints of a clear watery fluid were drawn off, containing no coagulable matter, and little animal matter of any kind. The edges of the wound were brought together with sticking plaster, and a bandage applied. After the operation, the patient was annoyed by a most violent and incessant cough, which, as it was attended with no constitutional symptoms, and with no other pulmonic symptoms, I was led to think depended either upon hysteria, or upon the sudden abstraction of pressure from the diaphragm, or on these two causes combined. In three weeks, whatever was its cause, the cough entirely left her. No pain was felt in the situation of the puncture. She got quite well, and to my certain knowledge continued well for at least the space of six years. Indeed, I have every reason to believe that she is so still. A few months afterwards, a little boy was admitted into the hospital with a tumour also in the right hypochondrium, smaller than the last, but in every other respect closely resembling it. I treated it in the same way, that is, by puncturing it with a trochar; and the clear watery fluid which came away was exactly similar to that which had been drawn off in the other case. No inflammation, nor any troublesome symptom, followed, and the

boy left the hospital as cured. Whether he remained well for any length of time, or whether the disease returned, I cannot positively say; but it is most probable that, if it had returned, I should have known it.

I shall give my reasons presently for believing that these membranous cysts were connected with the liver. But similar cysts may exist elsewhere. They are not very uncommonly met with in the breast. Not that every encysted tumour of the breast is of this kind: far from it. Sometimes, on cutting into a mammary encysted tumour, you find that the fluid, instead of being clear, like water, has the appearance of dark brown turbid serum, containing much coagulable matter. In these cases there is generally, in addition to the cyst, more or less of solid substance, approaching to the character of a malignant disease: I do not mean that it is actually carcinoma; in fact, it is less liable to return after it has been removed than carcinoma, but still, if left to itself, it runs the course of a malignant tumour, and is incurable, except by operation. The species, however, of mammary encysted tumour which I first mentioned, in which there is merely a thin cyst containing nearly pure water, is altogether independent of malignant disease. If, after puncturing one of these cysts, and letting out the fluid which it contains, you do nothing more, you will find that when the wound heals, the cyst again fills. But if you dissect it out, taking great care to leave none of the cyst behind, there will be no return of the disease. Sometimes stimulating applications will succeed in effecting a speedy and a permanent cure, so that an operation may be avoided. I have known this to happen in more than one instance.

A lady, having one of these encysted tumours of the breast, consulted me. It was as large as a small orange. I punctured it, and drew off a considerable quantity of clear watery fluid. The wound healed up and the cyst again filled. I then advised her to have the tumour removed by excision. She made no objection, but requested me, for certain reasons, to defer the operation for a fortnight or three weeks. This being settled, I advised her in the meantime to apply to the breast an embrocation, which was much used by Sir Everard Home, and, as I believe, before him by Mr. Pott, and which I have found of so much service, that I will give you the prescription. It consists of proof spirit and camphorated spirit, of each ʒiiss ; Goulard's extract, ʒj . A flannel is to be dipped in this, and to be applied to the part several times daily, being allowed to remain there. Well, then, to return to my case: this treatment was followed for three weeks, at the end of which time the lady said that she was quite prepared for the operation. But now, on examining the breast, I found that the tumour had altogether disappeared. This case is the more interesting, inasmuch as the tumour was of a large size. Exactly the same thing happened in another case of mammary encysted tumour for which I proposed the operation, and which differed from the last only in being somewhat smaller in size. I do not say that in such cases the embrocation will always succeed. But it never does harm, and has succeeded quite often enough to entitle it to a

fair trial before resorting to excision. Probably some other stimulating application would answer the same purpose.

Tumours of the same kind occur in connection with the testicle. The encysted hydrocele of the testicle, which is sometimes erroneously supposed to be a double or lobulated testicle, consists of nothing but one of these cysts situated between the inner layer of the tunica vaginalis and the fibrous membrane of the tunica albuginea. A similar cyst occurs every now and then in the epididymis, between its convoluted tube and the tunica vaginalis, by which it is invested. Then, again, it is one of the same cysts which constitutes the encysted hydrocele of the cord, in which disease the tumour is extremely loose and movable; so much so, that it may, when of a moderate size, be pushed up through the external ring, not into the abdomen, but behind the tendon of the external oblique muscle, and hence it is sometimes confounded by an inexperienced surgeon with inguinal hernia. In all such cases the fluid which the cysts contain, is sufficiently characteristic of their nature. It is a clear watery fluid, the cases in which it is serum, like the fluid of a genuine hydrocele, being very rare indeed. In examining bodies after death, my attention has been often attracted by small membranous cysts situated between the glandular structure of the liver and its peritoneal covering. Sometimes I have seen them as large as a walnut, at other times as large as an orange; but there is no reason why they should not attain to any magnitude. Now, as we know that these tumours do occur in connection with the liver; that they occur but very rarely indeed in the spleen, and as far as I know, still more rarely in the other abdominal viscera; and as the position of this tumour in each of the cases which I have described, made its attachment to the liver by no means improbable; I suppose this was the real seat of the disease; and I think that you cannot doubt this to be a legitimate conclusion.

In the two cases of this kind which first fell under my observation, no bad symptoms followed the operation. In this last case, however, inflammation and suppuration were the consequence of it. The cyst seems to have contracted adhesions to the colon, and having discharged its contents into it, escaped, by ulcerating its way probably into the transverse arch.

As soon as I saw that the tumour had returned, my determination was to make an opening into it, and to give exit to the confined pus; but, while I was waiting for a good opportunity of doing this, a purulent evacuation from the bowels took place, and of course it was then too late for what I had intended.

There can be no doubt of the propriety of puncturing cysts of this kind, when they have attained such a magnitude as to be inconvenient from their bulk. There is no reason for puncturing them sooner, and there are good reasons against it. The object of the operation is simply to draw off the watery contents of the cyst, and if these should become again collected, the puncture may be repeated. In Copeland's case, however, there can be no necessity for any second operation. The cyst having suppured, and afterwards sloughed,

there must be a radical cure of the disease: but we must acknowledge that this advantage has not been obtained without the patient having incurred a certain degree of risk, which we should endeavour to avoid in future. In the two former cases I merely drew off the water, without taking any great pains to empty the cyst completely. In this last I *now* think that I was over anxious to obtain this last object; and to the pressure which was in consequence made on the cyst, while the canula remained in it, I cannot but, in great measure, attribute the inflammation, suppuration, and sloughing of the cyst, which followed.

You will perhaps inquire, for what reason did I puncture the cyst with a trochar instead of using a lancet? The answer is plain enough. The cyst is more readily emptied by means of a canula than without it; and if there were no adhesions of the cyst to the peritoneum lining the abdominal muscles, and you were to puncture it with a lancet, the fluid would escape into the cavity of the abdomen,—an evil which must be avoided when the operation is performed with a trochar.

It has been my endeavour [in the preceding lectures] to give you some information, which, of however little value it may be to those experienced in surgery, may, I hope, be of use to you who are younger men. But I have had another object in view in the construction of these lectures. They have been entirely practical, and, with hardly any exceptions, have been drawn from my own observation and experience. I wished to set you an example of what your own mode of study ought to be. In these times there is a great quantity of medical literature, such as it is. There are books on specific disease, dictionaries, cyclopædias, compendiums, and manuals, of all kinds; and nothing is more easy than for a person with a tolerable memory to look into books and learn by heart the prevalent doctrines and opinions of the day; and then to be able to discourse on those subjects as if he really understood something of them, and to go and pass what is called a good examination; that is, to answer every question that is put to him. You may be successful in qualifying yourselves in this manner, but, depend upon it, it will be of no avail to you in future life. A man who gets up this sort of knowledge from books is good for nothing. He goes to the bedside of a patient, but he knows nothing either of the disease or of its treatment, and he is, therefore, in doubt about it. He has not that confidence in himself which enables him to take every responsibility, and which medical practitioners must do in difficult cases. You must, in order to be qualified for the situations which you are hereafter to fill in life, gain your knowledge, not from books, but from your own investigations. I do not say that you are not to look into books and to read them, but it should only be done in conjunction with prac-

tice. If you have a particular case before you, refer to a good book, and that will enable you to examine it far better than you would otherwise do; but the principal thing is to observe for yourselves. This remark applies to anatomy, to surgery, and to physic. You may get up anatomy by being examined by your teachers, by learning books by heart, and appear a very good anatomist to the man who examines you; but that knowledge will be of no service whatever in practice. No anatomical knowledge is of any use excepting that which you obtain by seeing the parts in the lecture-room and then examining them for yourselves, and by your own hands in the dissecting-room. I can assure you that there is no other anatomical knowledge worth having, and the man who has qualified himself merely to pass an anatomical examination in the way to which I have referred will find that he has no chance whatever when he comes into competition with one who has made himself an anatomist in the proper way. So it is with respect to hospital practice; you must look at the cases and study them for yourselves. Examine the cases in the morning and refer to books in the evening, otherwise you will have no useful knowledge. Consider the observations which drop from the medical officers, compare what they say with the living person, and take notes with your own hands. No person can learn either medicine or surgery who does not take notes, for it is the only way to obtain that knowledge which is necessary in practice.

I take the liberty of making these observations, not that you particularly need them, but they may be of use to younger persons in the profession. The way which I have pointed out is the only one in which you will be enabled to succeed in your profession, and to practise it with comfort to yourselves and advantage to the public. In fact, I think that very few will get into practice at all who do not pursue the study of the profession in the practical manner which I have suggested. I offer these remarks with an entire feeling of friendship, and with the most earnest wish that you may be successful in your profession and do honour to this school.

H. Brodie



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INDEX.

- Abscesses in vicinity of rectum, 184
 _____, secondary, 45
 Amputation for cure of hysterical affections of extremities, 268
 _____, whether it should be performed whilst mortification is going on, 66
 Amputations should not be performed without a tourniquet, 35
 Angina pectoris, 87
 Anthrax, 99
 Antrum, collection of transparent fluid in, 341
 _____, malignant tumours of, 342
 _____, maxillary diseases of, 336
 _____, polypus of, 342
 Aphonia, hysterical, 254
 Arm, case of varicose veins of, from disease in bronchial glands, 112
 Arteries, ossification of, 85
 Arteritis, mortification from, 82
 Bee, death from sting of, 33, 79
 Bite of a rabid animal, treatment of, 69
 Bladder, foreign bodies in, 176
 Bleeding in the vena saphena major, 119
 Breast, fungus hæmatodes of, 221
 _____, hysterical affection of, 255
 _____, scirrhus of, 214
 _____, sero-cystic tumours of, 207
 Bunion, 131
 Carbuncle, 99
 Carcinoma of tongue, 148
 Caustics, 67
 _____, action of different, 67
 _____, cases to which they are applied, 68
 _____, modes of applying, 68
 Children, paralysis in, 166
 Circocele, 111
 Cæcum, foreign body in, 173
 Cold, effects of excessive, 81
 Corns, 126
 Dry gangrene of skin, 96
 Epulis, 76
 Erysipelas, after operations, 40
 _____, causes of, 40
 _____, whether contagious, 40
 Eyelid, paralysis of, 166
 Face, half malignant tumours of, 73
 _____, paralysis of one side of, 165
 _____, ulcerated tumours of, 75
 Facial neuralgia, 298
 Fistula in ano, 184
 _____, cause of, 188
 _____, manner in which it forms, 187
 _____, symptoms of, 189
 _____, treatment of, 191
 Foreign bodies, extraction of, 167
 _____, in cæcum, 173
 _____, nostrils, 167
 _____, œsophagus, 170, 174
 _____, rectum, 173, 175
 _____, stomach, 172
 Foreign bodies in tonsils, 170
 _____, trachea, 180
 _____, urinary organs, 176
 _____, various parts of the body, 178
 Frost bites, 81
 Fungus hæmatodes of breast, 221
 Gangrene, 50
 _____, dry, of skin, 96
 _____, from bite of viper, 80
 _____, senile, 84
 Gangrenous inflammation after operations, 42
 Hemiplegia, 153
 Hemorrhage, source of danger in operations, 34, 220
 Hemorrhagic tendency, 36
 Hemorrhoids, 111, 306
 _____, operations for, 314
 _____, symptoms, 308
 _____, treatment, 312
 Hip-joint, diseases of, 271
 _____, treatment of, 288, 290
 _____, dislocation of from disease, 274
 _____, primary ulceration of the cartilages of, 282
 _____, scrofulous disease of, 276
 _____, symptoms of, 277
 _____, treatment of, 292
 Hospital gangrene, 78
 Hysteria, local symptoms arising from, 259
 _____, pathology of, 260
 Hysterical affection of the breast, 255
 _____, affections from local injury, 256
 _____, of the joints, 247
 _____, local, connected with accidental injury, 256
 _____, treatment of, 265
 _____, aphonia, 254
 _____, paralysis, 164
 _____, retention of urine, 254
 _____, tetanus, 256
 _____, tympanitis, 255
 Illustration of some important circumstances connected with operative surgery, 31
 Inflammation after operations, 39
 _____, of veins, 42, 103
 Injury, effects of local, 58
 Introductory discourse, 17
 Issue, mode of making, 68
 Joints, nervous affections of, 233, 247
 Leech, death from bite of, 33
 Leg, mortification of integuments of, 94
 _____, ulcers of, with varicose veins, 111
 Local hysterical affections connected with accidental injury, 256
 _____, nervous affections, 232
 Lymphatic glands, caustics to, 70
 Malignant diseases, caustics to, 76
 _____, tumours in nose, 141
 Maxillary antrum, collection of transparent fluid in, 341