I.

REMARKS ON SUPERFICIAL CANCERS,
IN WHICH THE PATIENTS WERE
CURED WITHOUT THE AMPUTATION
OF IMPORTANT ORGANS.*

By M. LISFRANC.

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THE object of the author of this memoir is to prove that the surgeon may frequently save either a part or the whole of an organ, in cases which have been before considered to require the complete removal of it. Recent discoveries in pathological anatomy have shown that cancerous diseases do not, at the same time, invade all the tissues of the organ attacked. For example, in cancer of the stomach the disease is sometimes limited to the muscular tunic, or to the cellular substance which unites it to the mucous membrane, and when all these parts are affected with the disease, we may detect, by a careful dissection, the particular part in which the malady originated. This progressive succession in the march of cancerous diseases has for a long time attracted the attention of M. Lisfranc, in his examination of the bodies of patients who had died with cancer of the breast. He ascertained, by the most attentive investigation, that the disease had for years been arrested by the

pleura, which remained untouched in the midst of the malady which surrounded it. In three subjects which had died with old carcinoma of the umbilicus, he remarked that the peritoneum offered the same opposition in the abdomen as the pleura in the thorax, to the extension of the disease. The same fact was observed in various cases in which the parts attacked with cancer were contiguous to cavernous bodies.

In reflecting upon these facts, M. Lisfranc conceived the possibility of turning to the advantage of surgery the evidence afforded by pathological anatomy. Having observed that, in the majority of cases, cancer is confined to one tissue, he inferred that it might be necessary to remove only the part diseased, and not the whole organ. Experience soon proved that this idea was correctly formed, and many operations conducted upon this principle were crowned with the most complete success.

In two cases of cancer of the penis, the patients were saved from the most melancholy of all surgical mutilations. In the third case, the patient was attacked with cancer of the tongue. The two right thirds of the organ were diseased, and were hard, tumefied, and ulcerated; the whole substance being affected. Many of the most distinguished surgeons of Paris had seen the patient, and all of them had advised the total extirpation

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of the two thirds which were diseased. The healthy parts were separated from the diseased parts with a bistoury, and the latter were surrounded with a ligature, which was drawn moderately tight. No bad symptom followed, and during the succeeding six days the tightness of the ligature was gradually increased; the portion included within it shrunk, became black, and fell off. The natural breadth and length of the tongue were still preserved, with the exception of a very small portion of the tip. The superficies had alone been diseased, and that alone was sacrificed by the operation. The parts beneath remained, and cicatrized under the influence of emollient and resolvent applications. A small ulcer remained for some time, but yielded to cauterization with the nitrate of silver. Several months afterwards the patient was shown to the Academy: he was perfectly cured, and enabled to resume his business of an advocate, in the exercise of which his tongue was, of course, a most important part.

M. Lisfranc, in concluding his memoir, draws the following conclusions:—

1. That, whatever may be the ravages inflicted upon the organic tissues by cancer, nature tends to limit the extent of the disease.

2. That morbid anatomy having afforded probable evidence of the nature of these limits, we may hope to save the organs affected, by removing only the tissues which are diseased.

3. That this idea, derived from the progress of pathological anatomy, has been acted upon with success in the cases related, and in many others which will be submitted to the profession.

That we sincerely hope the opinions of M. Lisfranc may prove to be well founded, will not be doubted; but, upon a subject of such vast importance, the clearest and most satisfactory evidence will be required. It will be necessary to instruct us how we are to ascertain the extent of cancerous disease. By what means shall we determine that one component tissue of an organ is affected with the malady, and that another is not? M. Lisfranc has formed his opinion of the limits which nature assigns to cancer by dissection; but the question is not how we may establish this important fact in the dead body, but how we may discover it in the living, so that we may adapt our practice to the extent of the disease. If, however, M. Lisfranc had only thrown out a hint upon the subject, totally unsupported by practical experience, it would demand the attention of the profession; but he comes before us with stronger claims—the successful result of his practice. We earnestly wish that other surgical observers may confirm his views, and that the partial removal of a cancerous organ may be found to be safe and justifiable. At present we confess we are not satisfied upon this point, although we are much gratified at the distant prospect M. Lisfranc presents to us of the possibility of lessening the severity of many dreadful surgical operations.

II.

SUPPOSED POISONING BY MERCURY.

From the *Medico-Chirurg. Review*.

M. ORFILA has published a long paper on this subject in a recent number of the *ARCHIVES*, the