THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII.

THURSDAY, JULY 29, 1858.

No. 26.

NOTES OF THE SURGICAL CLINIQUE AT CASTLETON MEDICAL COLLEGE.—[With a Plate.]

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[Communicated for the Boston Medical and Surgical Journal.]

THE establishment of a medical and surgical clinique at the Medical College, Castleton, Vt., during the last year, though undertaken as an experiment, added much to the interest and value of the regular courses of lectures of the last session. By the kind co-operation of the physicians of the neighboring towns and counties, the faculty were enabled to present to the class a great variety of cases, medical as well as surgical, and from the interest manifested in its success, it is anticipated that the clinique, as a permanent and prominent feature in the course of instruction at this institution, will contribute largely to its future usefulness and prosperity.

I give below a sketch of some of the more important of the surgical cases that were presented during the last term.

I. *Large Tumor in the Parotid Region.*—The subject of this tumor (very correctly represented in the accompanying lithograph) was a man about 45 years old. The tumor was a growth of twenty-five or thirty years' standing, and was steadily but slowly increasing in size. It was not painful, and was troublesome mainly in its interference with free motion of the head and lower jaw. It was a very good representation of a class of tumors that are not infrequently met with, and which have been variously described under the names of "parotid tumors," "tumors over the parotid," "tumors in the parotid region," &c.

Without discussing the general question of the extent to which the gland is implicated in these growths, or in operations on them, I will merely say that, in the present instance, the tumor did not involve the parotid, except by contact. The posterior border of the gland was overlaid by the tumor, and was displayed, but not wounded, during the operation. The deep attachment of the tumor was behind the ramus of the jaw.

Operation.—The patient preferred to endure the operation
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without the aid of anæsthetics, and accordingly he was placed in a reclining position on the operating table, in presence of the class. Profs. Bradford, Seymour and Woodward, Dr. Hubbard and others, were also present, and gave me valuable aid. The first incision was about five inches in length, and extended from a point about half an inch in front of the lobe of the ear downward over the most prominent portion of the tumor. Care was taken to get quite through the capsule of the tumor, and it was then fully exposed by rapid dissection on each side. One small artery only required tying during this part of the operation. An accidental cut into the substance of the tumor bleeding rather freely, the further use of the knife was dispensed with, and the tumor was finally *torn out* with the fingers, entire, and without further bleeding. The patient bore the operation remarkably well. After exposure to the air, until all risk of hæmorrhage was past, the wound was closed with sutures and cold water dressing applied. The wound healed without an unfavorable symptom. The tumor was quite firm, and lobulated on the surface—in character, *fibro-cystic*.

II. *Melanotic Degeneration of a Nævus. Removal.*—Mrs. B., a lady of 40, came before the class, accompanied by her physician, Dr. Stiles. Directly over the malar bone of the left side she presented a singular looking knob-like tumor of the size of a walnut, and *black*. It was surrounded by an elevated areola of a chocolate-brown color, interspersed with black spots. The tumor projected about an inch from the surface, and the brown-colored base was two inches in diameter. No pulsation could be detected in the tumor, but numerous feeding arteries could be felt leading to it. From infancy the patient has had a nævus in this situation, and only within the last three months has it taken the form of a tumor. Extirpation was advised and consented to.

Operation.—The tumor and most of the discolored base was included between elliptical incisions, with the intention of applying the ligature after Liston's method, should hæmorrhage prove severe. By cautiously cutting down upon and tying numerous small arteries leading to the morbid growth, bleeding was arrested, and the tumor was safely excised entire. The lateral borders of the wound being dissected up freely, they were drawn together and held by silver sutures. The wound healed speedily.

III. *Amputation of the Leg.*—Mrs. S., of New York, about 35 years of age, gave as her history, that, eight years since, she was thrown from a waggon and suffered severe injury of the foot and ankle, without fracture or dislocation, however. From that time to the present she has been unable to put the injured foot to the floor, and at times it is very painful. General health perfectly good. The most noticeable feature in the case was the low temperature of the foot. It was blue and cold invariably, according to the patient. The diagnosis in this case was, chronic inflammation of the tarsus, with a deficiency in the local circulation, refer-

rible (possibly) to an attack of *phlegmasia dolens*, which the patient had suffered ten years previous. Amputation was recommended as the only treatment.

Operation.—Ether being administered by Prof. Seymour, the limb was removed just above the ankle, by the circular method. There was no tendency to hæmorrhage, and only one small artery required tying. The edges of the wound were brought together and held by four silver sutures, and water dressing applied. On examining the stump on the fifth day, no ulceration was detected about the sutures, and from Dr. Wright, her attending physician, I learn that the stump healed with remarkable rapidity. Quite a number of the members of the profession from neighboring towns were present at this operation.

Examination of the foot after removal, revealed extensive inflammatory softening of the bones of the tarsus and the articular surface of the tibia.

IV. *Deformity arising from the Cicatrization of a Burn on the Face, Neck and Chest.*—The patient was a young lady 22 years of age. The burn was received when a child. A broad band extended from the side of the face and chin to the clavicle, everting the lower eye-lid and under lip, the effect of which was a frightful distortion of the features. Improvement, only, could be promised in this case.

Operation.—The patient was with great difficulty brought under the influence of ether, which was most carefully but perseveringly administered by Prof. Seymour. The band (cicatrix) connecting the face with the chest was then dissected up and removed entirely, which freed the head at once. The lateral borders of the wound were then freely dissected up and drawn forward in such a manner as to meet in the middle of the wound. The parts were then confined by three twisted sutures and twenty-two silver sutures (Sims's). The wound thus filled was very large, extending from the angle of the jaw to the clavicle, with a width of three inches. The middle portion of the wound united by primary adhesion. The extremities separated somewhat, but not sufficiently to interfere with the success of the operation.

In three weeks the wound had nearly healed. The head was elevated, the eye restored and general appearance much improved. The lip being still everted by a distinct cicatrix, it was removed by a

Second operation.—A freezing mixture being applied, a V shaped portion of the everted lip (including the cicatrix) was removed and the parts were then brought into proper position and retained by twisted sutures. This wound healed well, and the result was a still greater improvement in appearance.

V. *Ectropion of the Upper and Lower Eye-lids, resulting from a Burn.*—The patient was a lad 10 years old. The burn had been received within a year. A V shaped portion of the lower lid

was removed (which included the cicatrix), and the wound brought together with twisted sutures.

The boy being seized with fever and ague the following day, the operation on the upper lid was postponed.

VI.—*Hip Disease*.—The patient, a bright boy of 10 years, received a heavy fall on the hip, a year ago, since which time indications of trouble about the joint have been manifest. Within the last four months an ovoidal swelling was observed on the outer surface of the upper third of the thigh. It was thought that deep-seated fluctuation could be felt, and an exploring needle was accordingly introduced. About two ounces of a glairy, purulent fluid were withdrawn in this manner. The situation and character of the evacuated matter seemed to indicate a bursal origin. Immediate relief followed this operation, and the patient was able to run about without crutches. The result of the case remains to be seen.

VII. Miscellaneous cases. Polypus nasi—*operation*. Closure of nasal duct—*operation* (introduction of style). Enlarged bursæ over the elbow-joint—*operation* (puncture and iodine injections). Cases of frost-bite, diseases of skin, cataract and other diseases of the eye, cleft palate, and various deformities that did not require or admit of operations, were exhibited and explained, but demand no further mention here.

CASE OF CRIMINAL ABORTION.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY Z. B. ADAMS, M.D.

NOVEMBER 18th, 1857.—Mrs. —, aged 32. Full habit, thin light hair, blue eyes, sallow complexion. Always enjoyed good health. Has menstruated regularly since 16 years of age. Menstruation always rather painful, the pain being dull, and situated in small of back. Never borne any children. Married two months ago. On the 7th of this month she supposed herself pregnant, having the following symptoms. There had been no appearance of the menses at the usual time, that is, about the second week of October last. Her breasts had become stiff, and presented a darker areola than ordinary, and she remarked some little rounded prominences upon the areolæ. She had had morning sickness, with slight mucous and bilious vomiting on getting out of bed, since the middle of October, and perhaps longer. She supposed herself to be about six weeks or two months advanced in pregnancy. For certain reasons of a private nature, which it is no of consequence for me to state, she desired to get rid of the child, and with this design she went to an abortionist. The operation, according to her description, consisted in the introduction of a blunt instrument,