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CANCER OF THE FACE.

[Translated for the Medical Journal, by B. B. APPLETON, Jr. from the Italian of Placido Portal, Prof. of Surgery and Obstetrics in the Royal University of Palermo, &c. &c.]

"Duo sunt præcipui Medicinæ cardines, Ratio et Observatio; observatio tamen est filum, ad quod dirigi debent Medicorum ratiocinia."—BAGLIVI.

NOTWITHSTANDING the great advances of science, the physicians of the present day can scarcely be said to have more control over this most obstinate and formidable of diseases, than the physicians of former times. After repeated observations, and the most accurate study of its pathological anatomy, can we be said to be better able to distinguish this malady in its essential characters? Or, with our greater means of information, are we better able to recognize it in its incipient stages, or extirpate it with greater dexterity or success, than our predecessors? Or, in its advanced stages, are we more able to control its progress, or alleviate its pain by the use of antiphlogistics and sedatives? Or, in fine, to distinguish it with more just discrimination from all the various morbid appearances which so closely assimilate it?

Among the various kinds of cancer, the canceroid ulcer of the face must be allowed to be pre-eminently that in which the greatest discrimination and closeness of investigation are required; since so many affections of the face, when viewed in the first period of their development, so nearly assimilate it, and are in consequence so liable to be confounded with it. All the different kinds of eating ulcers, whether phagedenic, herpetic, or scrofulous; the ulcers of the mucous membrane of the mouth, of the tongue, fauces, and nostrils; globular tumors, and a host of others of a similar nature, so nearly resemble this disease in its incipient period, that the greatest care and circumspection are necessary to distinguish them from the canceroid ulcers which attack the integuments of the face.

It often makes its appearance under the form of a small, hard and wrinkled tubercle, and sometimes under that of a sore hardly recognizable by the surgeon, because continuing in the same situation, it is often confounded, as I have remarked, with the affections which resemble it. But if it should be accidentally scratched or wounded with the razor (and it is not unfrequently exposed to this kind of injury), or stimulated by constant rubbing, or in any way irritated, it inflames and ulcerates, becomes covered with a crust, and, after some time, there is occasionally experienced a painful sense of uneasiness, attended with itching. It is

not apt to be painful at its commencement; it enlarges, however, at its base, becomes irregular at its edges, and its cavity gradually fills with fungous granulations furrowed with depressions, from which issues an ichorous discharge, possessing an odor peculiar to itself. It seldom happens that a skilful man is called at this period, still more rarely that he is summoned at the first commencement of the disease; and sometimes, if called, the erroneous practice of the surgeon suggests the indication of excitants and escharotics. The ulcer then rapidly inflames, enlarges, and speedily attacks the surrounding parts; a lancinating pain is now felt, the features of the face are changed, the appetite and sleep are destroyed, thirst becomes constant and urgent, the pulse quick and small, and continued hemorrhages ensue, to which the patient soon falls a victim.

In the last and middle periods, all the remedies employed, both externally and internally, seem to me to be fruitless; confidence ought only to be placed in soothing applications to arrest the rapid progress of the evil, since all the other means, by irritating and exasperating it, only serve to accelerate its destructive disposition. The most certain and appropriate remedy is extirpation to a sufficient extent and depth, whether it may be in the first stage of hardened tubercle, or in the commencement of ulceration; in this case, immediately after the extirpation the actual cautery should be applied, with a view to the destruction of the stratum of tissue beneath, which having sympathized in the morbid alteration, might otherwise tend to reproduce the disease. This I have often found effectual in the first periods of the disease, because then the ulceration exists in the form of the most simple local cancer, which continues circumscribed for so long a time that its deleterious action is not developed.

A lady about 40 years of age had been affected for some months with this disease upon the left eyebrow; it assumed the form of a hard, loathsome pustule, ulcerous and itching, which subsequently degenerated into an irregular wound, presenting all the appearances of a canceroid ulcer at its commencement. I extirpated this, and treated the wound with simple dressings. A very short time after the cicatrization, the disease reappeared. I was obliged immediately to cut deeper and apply the cautery,* after which the disease disappeared and did not again return. I subsequently adopted this same method with success in two other cases of this disorder, one of which made its appearance in the neck, and the other in the upper lip. The disease in the latter case was confined to the cellular tissue situated between the mucous membrane and the skin, not extending so far as the cavity of the mouth. The ulcer in this case was not deep, although large and irregular, and the subjacent mucous follicles were in some degree changed from their usual appearance. The operation which I practised was very fortunate in its issue, a firm cicatrix forming in a few days, without leaving the slightest deformity. The method of operating was as follows. I removed the cancer by two elliptical incisions in the substance of the lip, preserving the commissure

* I apprehended that the application of the actual cautery, by exciting a great degree of inflammation in the adjacent pericranium, would produce sympathetically an inflammation of the dura mater. I therefore employed it with great caution, and took care to adopt afterwards active local and internal antiphlogistic treatment.

of the mouth, and afterwards passed over the wound an iron heated to whiteness, after which simple dressings and compresses were applied, and these supported by a double-headed roller properly secured. The cicatrization went on well, the granulations were healthy, and the wound produced by the operation healed without any deformity.

In the May of 1836, I extirpated, in the Great Hospital, a cancrroid from the right forearm. Two elliptical incisions were made as above, and the wound united by the first intention, by means of adhesive straps. The patient left the hospital shortly after, perfectly cured.

The excision, then, must be considered the most efficacious remedy when employed in season; every other method has proved fruitless.

The following is the only case of the kind which I ever recollect to have met with. Salvatore Marchese, a patient of the Military Hospital, was affected with cancer of the nose. He had applied to it an escharotic paste, given to him by a mendicant capuchin, one of the ingredients of which was cantharides. Immediately after its application, a phlegmonous crysipelas ensued which involved the cancer, a perfect line of demarcation was formed between the diseased and sound parts, and the result was a perfect cure of the disease.

It by no means, however, follows from this, that the use of caustic is the preferable method in this disease. On the contrary, according to the principles of correct practice, the application of caustic to the affected part is almost always followed by severe danger, and in the first periods by a speedy development of the disease. The inflammation excited, combined with an organic or hereditary predisposition, forms often the proximate cause of malignant cancer.

In the treatment of the cancrroid ulcer of the face, the antiphlogistic method, and especially local bleeding, together with soothing narcotics, have been advantageously resorted to, to calm the nervous irritation which always accompanies these affections. In all the individuals presented to me in the last stages of this disorder, where I have supposed that the extirpation would be either useless or injurious, I have advised only the above system of treatment. By diminishing the local pain, it has not unfrequently served to arrest the rapid progress of the disease. By this system the advances of the cancer are often delayed, and the patients die perhaps of some other disease, as experience has often shown. The beneficial results of this treatment have not been confined to the cancerous affections of the face, but have also happened to cancers generated in some internal part of the body.

After several observations of this kind, I think I may assert that cancer is not necessarily, though it is generally, fatal.

REMARKS ON ITINERANTS.

[Communicated for the Boston Medical and Surgical Journal.]

NO. VIII.—CONCLUSION.

WE have come to this at last—that is, the conclusion. We have spent our time, and taxed our cranium, until we have come to number