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PART I.
ORIGINAL COMMUNICATIONS.

ART. X.—*A Case of Cleft Palate successfully operated on by JAMES CUSACK, M. D., Surgeon to Stevens's Hospital; and two Cases, in which the Operation was successfully performed by SIR PHILIP CRAMPTON, Bart., F. R. S., &c.*

[Communicated by JOHN HAMILTON, Esq., M. R. I. A.]

MR. CUSACK'S CASE.—At the commencement of the Medical Session of 1836–37, I was consulted by Mr. H. G., about 18 years of age, who expressed himself most anxious to submit to any operation likely to relieve a defect of articulation, which had compelled him to abandon theological studies, which he had begun with the view of becoming a clergyman, and that threatened to be an almost insuperable obstacle to his success in the medical profession, whose study he had subsequently commenced.

On examination, I found he suffered from a complete congenital fissure of the soft palate. The act of opening his mouth produced, as usual, a separation of the parts; but he was sensible of their tendency to approximate during deglutition, and I also found that mechanically they could be brought very nearly into contact.

From previous experience in this operation, I was led to the conclusion, that the chief difficulties to be expected depended on the irritability of the patient, and were not referrible to the want of suitable instruments, or the deficiency of dexterity on the part of the surgeon. Under this impression, I recommended him to postpone the operation for some months, to accustom himself to retain his mouth open, and also to diminish the irritability of the fauces, by the frequent introduction of his finger.

At the termination of the session he again called on me, when I found his health so much impaired by his attendance on the winter classes, that I advised him to pursue the same plan, and to defer the operation till his health was re-established.

Early in the present session he again presented himself, when I was gratified to find that he not only enjoyed good health, but also had acquired the power of retaining his mouth open without uneasiness, and of bearing the application of any foreign substance to the fauces, with as little inconvenience as if it had been applied to the skin.

On the ——— December, 1837, at nine o'clock, A. M., the requisite preparations having been previously made, I performed the operation in my own study, in the presence of Mr. Rumley, Mr. Hargrave, Mr. Houston, and Mr. M'Clean, Jun.

With the aid of a simple forceps and curved needles I passed three ligatures, at equal distances from each other, through the soft palate, the lowest being at the base of the uvula; I then introduced a double-edged knife about a line from the margin of the cleft, and the same distance from the apex of the triangle, on each side in succession, terminating the incisions above. As he had not breakfasted, we allowed a short time to intervene during which he was supplied with some light nutriment; the edges of the wound were then approximated, and the ligatures tied with a surgical knot; one of these having been cut, as it was supposed, too closely, unravelled, and was replaced.

I saw him at three o'clock in the afternoon: there had been

some slight hemorrhage, and he complained of a teasing cough. At six o'clock in the evening I received a note from him to say that the ligatures had all unravelled. I visited him, in company with Mr. Rumley and a pupil, when I found that his statement was in a great measure correct. I cleared away a coagulum, which was the cause of the irritation, and without difficulty introduced two ligatures, at points more remote from the margins of the fissure. I then fed him, and afterwards brought the edges into contact, securing each ligature by a simple knot. So far from being disappointed at this accident, I felt pleased at its occurrence, as I flattered myself I had gained nearly twelve hours, and had remedied the undue pressure of one of the ligatures, which appeared to act injuriously on one section of the uvula.

From this period no untoward symptom occurred. On the fifth day, I cut loose the ligatures, and found that he had a perfect palate; the only remaining defect being a bifid uvula, a condition, which is commonly met with in persons who articulate with perfect distinctness.

I shall now conclude by a few remarks in his own words:—
“The operation was not at all, comparatively speaking, painful; the cutting part I scarcely felt, and the presence of the ligatures was by no means distressing, except during the act of swallowing or eructation. From my own sensations, I think that by far the best plan would be to make the incisions in the first instance, and to defer the application of the ligatures until all bleeding has ceased, as I experienced much uneasiness and irritation from the presence of the coagulated blood which trickled from the margins of the wound. I now find the defect in my voice and speech considerably removed, and my articulation progressively improving each day; and I declare, in conclusion, that I would readily undergo the same operation, for similar benefit, if necessary.”

We have had within the last three months the advantage of witnessing two successful operations for the union of the cleft pa-

late, by Sir Philip Crampton. The first was a fine boy of 12 years of age, the son of Mr. Somers of Ardee-street; the second was a young lady of high rank and great beauty, 16 years of age. The peculiarity in the treatment of these cases consisted, first, in the manner of securing the ligatures; secondly, in the management of the patient after the operation. The difficulty of tying the second knot on the ligature without suffering the first to become opened by the strong retraction of the edges of the fissure effected by the muscles of the palate, has always been acknowledged. This difficulty, however, was effectually removed by an ingenious suggestion of Mr. Maclean's of Stephen's-green: after the ligatures had been passed through the palate at the distance of one quarter of an inch from the cut edge of the fissure, and brought out at the mouth, their ends were passed through a small perforated metallic bead, such as are used in making purses; the bead was then pushed down along the ligatures, closing them as it descended, until it touched the approximated edges of the wound; it was then compressed by a pair of strong, blunt-pointed forceps, and the ligatures were thus firmly secured without a knot at the required degree of tension. The other and most important peculiarity in the treatment consisted in allowing the patients an ample supply of soft food during the whole period of the treatment. Boiled bread and milk, custard, soup, and jelly, were given twice or thrice a day, and the patients were not confined to their beds. Sir Philip Crampton conceived that the total privation of all nourishment for five days, so strongly insisted on by M. Roux, was not only unnecessary, but in the highest degree unfavourable to the successful issue of the operation. Indeed if such were a necessary condition to its success, the operation must be limited to the few who had sufficient moral courage to endure so protracted and painful a fast, and sufficient strength of constitution to bear it with impunity. It might be concluded, *à priori*, that the absolute privation of all nourishment, solid or fluid, for five days, must cause, even in the strongest persons, a state of con-

stitutional disturbance highly unfavourable to the establishing the healthy process of union by the first intention; and that such and even more serious consequences have resulted from the practice, is proved by the unquestionable testimony of MM. Mannoury and Thore, interns of the Hotel Dieu, where M. Roux's operations were performed. They say: "The patient is not to be permitted to swallow his saliva, *he must be submitted to a complete abstinence*, the bad effects of which we may try to obviate by nutritive lavements, *which, however, scarcely ever attain the proposed end*. It must be confessed this abstinence may have disastrous consequences: it is difficult for a man, in all the strength of age and health, to support so rigorous a privation of nourishment. *We have seen in two of the patients delirium and severe nervous derangement ensue*. Perhaps it might be well to relax this severity, and to permit the use of some liquid aliments, the swallowing of which would not have such bad effects as is generally thought."

In both of the patients operated on by Sir Philip Crampton the voice and articulation have been considerably improved; but a considerable time must elapse before the full amount of the benefit which may be obtained from the operation can be ascertained; for the perfection of articulation depends in a great measure on the completeness with which the communication between the posterior nares and the mouth is closed by the soft palate, and soon after the operation the palate has not had time to become sufficiently elongated to discharge this function properly.

ART. XI.—*Aneurism of the External Iliac Artery; Ligature of the Vessel near the Bifurcation of the Common Iliac; Recovery*. By O'B. BELLINGHAM, M. D., one of the Medical Officers of St. Vincent's Hospital.

MATTHEW DALY, æt. 32, a slender and healthy man (in other respects), was admitted into St. Vincent's Hospital August 18,