

and it might probably, therefore, be alleged that the stage of excitement in cases of insanity had existed, though it had passed unnoticed, or that such might exist locally, and without materially affecting the general system. But if we have no characteristic local symptoms, and, in the absence of them, are not to judge of the nature of morbid actions by such general symptoms as may be present, and are to allow no weight to evidence derived from the obvious effects of remedial agents,—then, by what other means are we to arrive at probable conclusions in regard to the nature of certain pathological causes? Do not most chronic inflammations of important organs betray, when accurately investigated, some degree of febrile action, and other appropriate symptoms.

The cases just alluded to do not improve under any system of depletion, but are most benefited by proper moral and mental discipline, along with a due attention to the state of the natural functions, and unfortunately remain benefited only so long as the application of such means can be enforced; since, from the predisposition, the great susceptibility to every passing impression, moral and physical, and the little resolution which such individuals are capable of exerting, we find them constantly returning to a state of mental aberration, and presenting a life spent between intervals of sound mind, healthy actions, and the feelings and the actions of insanity.

The former class of cases, again, requires a steady perseverance in antiphlogistic measures, limited, however, in general, to depletion, local, and such other means as do not depress too much the strength of the general system.

12th April 1832.

ART. IV.—*Case of Extirpation of Tumour with Ligature of Common Carotid.* By ALEXANDER EWING, M. D. Lecturer on Surgery in the Aberdeen University, Surgeon to the Aberdeen Hospital, &c. &c. Communicated by Mr LISTON.

JOHN COCK, aged 52, a brickmaker, admitted to the Aberdeen Infirmary with a large tumour situated on the right side of the face and neck, of which he gives the following account. About thirty years ago he received a severe blow on the lower part of the cheek, and next day observed a swelling on the same part about the size of an egg. This did not dissipate, but grew into a tumour, which remained nearly stationary for sixteen or seventeen years. About this time he met with a fall, and hurt his cheek on a stone, after which the tumour increased much in size. Some years afterwards, when at work, he was struck with

a bar of iron which carried off a portion of the inferior surface of the tumour, when considerable hemorrhage took place, and the part did not heal up for twelve months. After healing, however, it increased very rapidly in bulk, and within the last two or three years has been still increasing faster and faster, particularly towards the larynx. It is firm and slightly elastic to the feel, and has a lobulated appearance. The colour is much the same as that of his face, except on the top of some of the larger lobes, where it has a whitish appearance, and at two or three places the skin is abraded and a watery fluid exudes. When injured he says it bleeds smartly. It extends from the lower part of the ear over the jaw to nearly the cricoid cartilage below, from this it extends backwards and downwards over the side of the neck, and is bounded behind by a curved line running from the lobe of the ear to the edge of the trapezius muscle. It therefore occupies the lower part of the cheek and all the side of the neck, hanging pendulous down to the clavicle. It feels pretty loose and moveable, except below the angle of the jaw, where its attachments appear to be deep rooted. Its measurements are: From behind the ear, obliquely downwards and forwards to near the cricoid cartilage,  $15\frac{1}{2}$  inches; from the angle of the mouth, obliquely downwards and backwards to the most dependant part on the posterior surface of the neck,  $15\frac{1}{2}$  inches; from a point half-way between the ear and the angle of the mouth, directly downwards over the tumour, 15 inches; from a point half way between the mouth and the cricoid cartilage, directly backwards over the tumour, 14 inches. The greatest circumference of the tumour is  $20\frac{1}{2}$  inches.—Fig. 1. of the Plate gives a view of the tumour previous to operation.

The man's general health appeared good, and he was anxious that the tumour should be removed if possible, as, from its weight, it had become a serious impediment to him, and as it was fast encroaching on the wind-pipe. On examining his pulse it was observed to intermit occasionally, and this at first made me hesitate to operate; but as it was not constant, and as he did not make any other complaint, I thought the operation might be attempted. From the connections of the tumour, particularly about the angle of the jaw,—from the probability of the vessels being both numerous and large which had fed such a tumour for so many years,—and from reading the account of two similar cases, one by Mr Goodlad of Bury in the *Lond. Med.-Chir. Trans.* Vol. vii. and the other by Dr Stedman in the *Ed. Med. and Surg. Journal*, Vol. xxxvii., I resolved to tie the common carotid artery as a preparatory step to extirpating the tumour.

11th February. The operation of tying the common carotid

was performed in the ordinary manner. But an unusual difficulty presented on account of the tumour encroaching on the line of incision, to obviate which it became necessary, in the first instance, to dissect backwards a part of the tumour, which still impeded the operation by increasing the depth of the wound. As several small vessels poured out blood, the bottom of the wound was obscured for some time, but by clearing it with a sponge and waiting for a little time, the artery was easily secured. In order to expose the artery, I pinched up a small portion of the sheath on the tracheal side of the vessel and opened it with the scalpel, while an assistant drew the outer portion of it towards the sterno-mastoid muscle, and along with it the *par vagum* and internal jugular vein. By this mode of procedure the embarrassment that some surgeons have experienced from distension of the vein was entirely obviated, although, as will appear in the sequel, the vein in this instance was preternaturally enlarged.

The second part of the operation was that of extirpating the tumour, which was accomplished in the following manner. An incision was carried from before the ear along the anterior part of the base of the tumour and joining the wound already made for tying the artery; the tumour was then quickly dissected backwards for about half its breadth, when another incision was carried from behind the ear along the posterior part of the tumour and crossing below to meet the first incision. This incision, however, was made in such a way as to preserve a portion of integument from the posterior and inferior part of the tumour for covering the wound. The relations of the tumour were such as that it could be removed very easily except near the angle of the jaw, where its attachments were very deep. Before it could be removed from that part, it was necessary to extirpate the lower portion of the parotid gland, to which it was closely united, and to dissect it from under the angle of the jaw as far back as the styloid process of the temporal bone, which was completely laid bare.

When the tumour was removed there was a sudden gush of blood from a number of vessels, particularly about the angle of the jaw, where some large arteries required to be tied, notwithstanding the common carotid being previously secured. To give some idea of the size of the wound, it laid bare the lower part of the cheek and the whole of the side of the neck so as to expose the parotid and submaxillary glands, part of the masseter, the digastric, styloid, part of the mylo-hyoid, and the greater part of the sterno-mastoid muscles. The operation was concluded by raising the flap which was preserved, and uniting it to the cheek by a few stitches of interrupted suture. The whole of the wound was thus covered up except a part of the parotid gland. During the whole of this formi-

dable operation, which the patient bore with the utmost fortitude, not above  $\text{\textit{libi}}$ . of blood was lost, and when carried to bed he was neither very faint, nor did he complain of much pain. The tumour weighed nearly five pounds.

*Vespere, h. 8va.* Has been easy and slept a good deal. Pulse full, and intermits every fourth or fifth beat. Carotid of both sides beats strongly.

12th February, noon. Says he feels pretty well, and only complains of a little soreness and tightness in the situation of the wound. Slept a good deal during the night; pulse 80, of moderate strength; intermits occasionally; thirst moderate; skin cool; expression cheerful; lower lip drawn a little to the left side. A little thin reddish discharge escapes below the dressing.

*H. 8va.* Symptoms much the same. Pulse 90; bowels not open; tongue rather dry. Complains of dryness of throat and tightness about the wound; slight headach.

The napkin which bound on the dressings was removed, and he felt much easier.

Let him have some house-medicine.

13th February. Was troubled with a teasing short cough last night, and did not sleep so well. Makes no other complaint. Pulse 90, weaker, with occasional intermission; mouth rather dry; discharge from the wound very slight; pulsation of the carotid less perceptible; bowels not opened.

He was ordered some demulcent mixture, with tincture of opium, to be taken occasionally if the cough continued.

House-medicine to be repeated *pro re nata*.

*H. 8va.* Has slept a good deal, and coughed little since he got the mixture. Bowels not yet opened; appears rather weaker, but says he is easy, and that the slight pain of head and breast is gone. Pulse about 110, weak, and intermitting.

The infusion of senna and salts to be repeated, and the demulcent mixture, if required, for the cough.

14th, 10. o'clock, A. M. Has passed a pretty good night, with only occasional returns of cough. Says he has no pain, and feels on the whole comfortable. Pulse 90, of moderate strength, and at present without intermission; tongue rather dry in the centre; expression languid, and face a little sallow; no stool, although he has had three doses of house-medicine. Abdomen rather full; has passed little urine during the night; pulsation of right carotid little perceptible; slight discharge from the wound as before.

*Injiciatur enema purgans, q. p.*

12 noon. Bowels freely opened twice after enema; stools dark and foetid; urine also freely evacuated; dressings removed; the whole wound appeared to adhere, forming a line

from the angle of the jaw downwards to near the lower part of the incision for the carotid. There was only one part open over the parotid gland, as the integument left was not sufficient to cover it. The integument on the side of the neck appears full and a little punctured, but no matter can be pressed from it. Two stitches near the lobe of the ear and angle of the mouth seemed to cause a strain, and were cut out. After sponging the wound, it was simply covered with a pledget of cerate, a little lint, and one fold of linen round the head. He was laid with his head and shoulders high, and the head inclined to the right side. The demulcent mixture, with laudanum, was omitted, and the common saline mixture ordered in its stead.

*H. 8va.* Has slept a good deal in the afternoon. Says he has no pain, and makes no particular complaint, but appears much weaker, and is occasionally troubled with mucus about his throat, which he has difficulty in spitting up. When he expectorates a little, he says he is easy for a considerable time. Pulse about 120, weaker, slight intermission; tongue rather dry; urine passed freely, high coloured; thirst moderate; skin dry.

15th, 10, A. M. Learnt that after last night's visit he grew more and more feeble, with great appearance of sinking. The mucus was accumulating more in his trachea, and the skin was bathed in a clammy sweat. He was therefore ordered a little wine and water from time to time. Is still quite sensible when spoken to, but relapses into stupor. Says he has no pain; pulse very feeble; features much sunk.

A little diluted brandy to be given often.

Died about 1 o'clock same day.

16th. *Inspection.* 1st. *External Wound.*—Slight adhesion had taken place along the edge of the flap, and when this was torn up, patches of pus were found streaked over the side of the neck where the tumour had been removed. The line of incision made for tying the carotid had also partly adhered; and on cutting deep towards the artery we found that lymph had been poured out and become organized so as to cover the artery. I cut out a portion containing the sheath of the artery, vein, and nerve, and dissected them carefully afterwards. The artery was found to be unusually large, but otherwise healthy. The *vasa vasorum* were seen ramifying very numerous along its surface. A plug of fibrin filled the vessel for nearly two inches below the ligature, and a similar one for about half an inch above it. It was found that the artery was firmly constricted by the ligature, and a little lymph covered the noose so as to fill up the notch made by the thread. The vein and *par vagum* were found undisturbed in their relative situation, and the former seemed unusually large.

2d, *Thorax.*—On raising the sternum, we found a large

quantity of fat covering the pericardium, adhesion of left lung to the pleura, and a little pus below the pleura at the upper part of the sternum. On the surface of the left ventricle of the heart there was a portion of false membrane. The right side of the heart when opened, appeared sound. In the left side the mitral valves were a little thickened; and the semilunar valves at the root of the *aorta* very much thickened and corrugated.

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ART. V.—*Account of a Case of Chronic Hydrancephalus, with the appearances on Dissection, and Observations on Obliteration of the Sutures in these circumstances.* BY DAVID CRAIGIE, M. D. ✓

ON the 19th November, I had occasion to inspect with my friend Dr Renton the head of a child of 10 months, who had laboured for the greater part of its short existence under symptoms of chronic *hydrancephalus*, or dropsy of the brain.

At the period of his birth, which took place on the 15th January 1831, the head appeared of the usual size, or rather smaller than natural, if there was any difference. The mother, however, remarked that the shape of the head was something peculiar, in being more oblong-spheroidal than that of her other children, and approaching, as she said, to the figure of the small helmet or arched cap worn by firemen. She also remarked a prominent ridge, extending longitudinally over the middle of the head, in the antero-posterior direction, and another crossing it transversely,—the two, evidently from the account, corresponding to the direction of the sagittal-frontal, and coronal sutures respectively.

The infant, however, was otherwise well-formed and in perfect health, and seemed in full possession of all the functions in as great perfection as is found at that early period of existence. He took the breast readily, sucked vigorously, and grew in the most thriving manner, and was a particularly quiet and good-tempered infant, for the space of between three and four weeks. At this period, however, the mother was attacked with rheumatism so severe as to confine her to bed for several days; and during this interval the infant was dressed and nursed by another person, and was seen by the mother only at the periods of suckling. During that time he cried and screamed much, and was very restless; but these complaints were ascribed to the change of nurse, until their continuance led the parents to think the child was in pain. A few days after, when the mother was sufficiently relieved from her sufferings to bestow some more attention on her child, she observed in the site of the an-