

Successful case of staphylography [sic] / by James Young, M.D.

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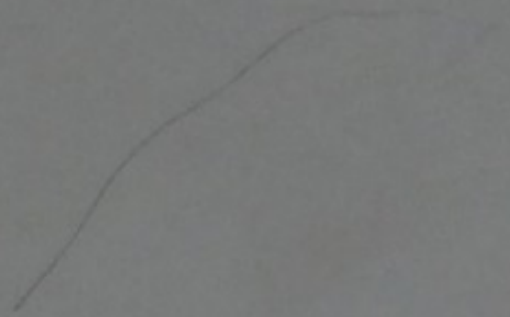
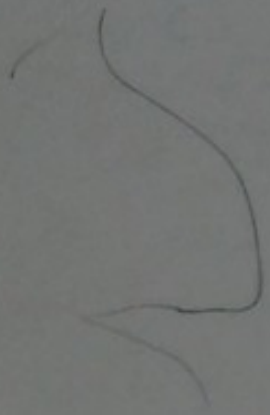
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SUCCESSFUL CASE OF STAPHYLOGRAPHY.

BY JAMES YOUNG, M.D.,

SURGEON, EDINBURGH.

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THE patient, a middle-aged man, of full habit of body, æt. 31, and by trade a seaman, had suffered from a congenital malformation, termed cleft palate, causing considerable inconvenience to him, both as regards swallowing and speaking; and, although this had existed from birth, still he fancied that it was becoming worse, and resolved to make inquiry whether anything could be done to cure it, or, at all events, to relieve the inconvenience. Accordingly, while in one of the seaport towns of South America, he consulted one of the best surgeons of the place, who advised him to remain for a time, until he would attempt an operation, with a view, if possible, to effect a cure. The patient (let us call him K—) could not consent to remain so long as our professional brother required him (three months); and, accordingly, he sailed for England. On arriving in London, he consulted several surgeons, who advised an operation; but he ultimately came to Edinburgh, and placed himself under my care.

I saw him first on the 6th or 7th of March last; and found, on careful examination, that the bony palate was comparatively small, but firm; while the soft palate was completely cleft, the opening measuring $2\frac{1}{2}$ inches in length, and 1 in width. The soft palate was pendulous, but drawn up by the power of the levator muscles; but I came to the conclusion, though with some difficulty, that the operation might be successful without cutting either muscle; and so I agreed to operate, but not before consulting with Professor Lizars and ~~M. Edwards~~, who ~~both~~, after examination, thought the case favourable for an operation.

On the 9th of March, I accordingly, with some assistance, proceeded to operate, by making raw the edges of the soft palate, and then stemmed the hæmorrhage with ice draughts. I brought the two sides of the palate into apposition, by passing four ligatures, and securing them with firm knots. So far the operation was done; but the chief difficulty still remained—how to effect a union. During the subsequent treatment, I adopted every possible precaution to prevent any undue motion of the parts, until union of the edges should take place; and, for the first two days, the case progressed favourably. I endeavoured to prevent him from speaking or swallowing for forty-eight hours, and subsequently ordered him to use chiefly liquid nourishment, keeping him, at the same time, perfectly quiet.

When I saw him on the evening of the second day, I found that the stitches had given way, in consequence of the ulceration, and the palate was cleft as before. This was very discouraging both for patient and surgeon; but it was agreed to have the operation repeated as soon as the state of the patient's health would permit.

Allowing the old wounds to heal, I sent him to the country to recruit, during which time his health improved very much; and he returned to town on the 24th of March, when I saw him, accompanied by Mr Edwards, who proposed now to cut the levator muscles. Accordingly, on the 25th of March, with the aid of Professor Lizars and Mr Edwards, the operation was repeated; and, after I had cut the edges of the palate, and stopped the hæmorrhage by causing the patient to eat ice, my friend Mr Edwards very expertly cut the two levator muscles, and thus completely relaxed the whole soft palate, bringing the edges into close apposition. I then passed five ligatures, commencing at the extreme ends, and approaching the middle. We thus got the cleft palate fairly closed; and now the doubt arose, whether it would heal this time.

Operation repeated.

For two days I recommended quietness and rest, without taking either food or drink. Thereafter, I allowed him liquid nourishment; and the progress he made was extremely satisfactory. At the end of sixty hours, slight ulceration appeared round the edges. To prevent the ulceration from spreading, I removed the middle thread, and almost immediately the wound gaped. Afraid that either the ulceration would increase, and thus prevent union, or that the excitement would become greater were the ligatures retained, I had some difficulty in deciding what course to follow. At length I resolved to leave the remaining four threads two days more; and on the fifth morning I removed all the ligatures, and was delighted to find the operation so far successful, that the edges of the palate had united. The exciting cause of the ulceration being now removed, the appearance of the palate became more healthy every day, the irritation soon subsided, and the union became firmer; and on the tenth day the cure was complete.

Treatment after Operation.

Progress.

He was then visited by Professor Lizars and Mr Edwards, who expressed themselves perfectly satisfied with the result. Afraid lest the fine and delicate point of union might separate by any extra freedom either in speaking or swallowing, I urged on him the great necessity of refraining from any muscular effort. I prescribed sufficient nourishment for his strength, and an astringent lotion for the throat, forbidding him to speak above a whisper; but, on visiting him on the eleventh morning, he could not refrain from saying, in a loud voice, when I asked him how he was, "Capital!"

Result.

As he was now very anxious to get home, that his friends might see what he called "his new mouth," I consented to his leaving town for his home in the country, being convinced that he could do so with perfect safety. He left town, accordingly, for ~~ten days~~, and returned twice, that I might see the progress of the case. I saw him for the last time on the 20th of April, when he proposed to return to America.

The small aperture consequent on the removal of the middle stitch had now nearly closed; but, in order to complete the cure, I directed him to touch it with nitrate of silver once a week till it closed. I have not seen him again; but have learned, through some of his friends, that he is perfectly well.

One great benefit which was to be looked for in this case was, that his speech might be improved, and distinct articulation effected; but this could not be brought about immediately, it being a well known fact in surgery, that much improvement is not looked for, even for months after the operation; and though the patient, in the present case, was not sensible of any benefit when I last saw him, still, it was quite perceptible to any one who had heard him speak before the operation, that

Remarks.

there was some improvement. Allowing, however, that the speech takes six months to improve, it cannot be wondered at, inasmuch as K—— had been accustomed to speak indistinctly for thirty years; and therefore it is not to be supposed that his mode of articulation could be altered in a day. At the same time, I assured him that he would daily improve, especially if he spoke slowly, and tried carefully to modulate his voice.

EDINBURGH, July 1857.

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