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CASE
OF
CANCER OF THE TONGUE.

BY WILLIAM KEITH, M.D.,

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SURGERY.

[FROM THE MONTHLY JOURNAL OF MEDICAL SCIENCE, NOVEMBER 1849.]

Mrs M'HARDY, aged sixty-six, from the Cabrach, of a pale complexion, aged expression of countenance, and slightly cachectic look, admitted July 3d 1849, with a large fungus occupying the posterior two-thirds of the tongue on the right side, ragged and ulcerous, and bleeding on the slightest touch.

The fungus commences behind in the base of the tongue, just where the anterior column of the velum-palati touches it. In breadth it all but reaches the mesial line of the tongue, and terminates anteriorly at a point distant half an inch from the centre of the tip.

Is afflicted with constant pain of a burning character in the tumour, aggravated by frequent and severe pains of a lancinating kind, darting through the ear, and extending over the whole right side of the head.

Is almost starved, owing to the presence of the fungus rendering it difficult to swallow fluids, and impossible to get solids over at all.

States that four years since she became aware one night of a warty excrescence on her tongue, her attention having been drawn to it by feeling a taste in her mouth to which she had not previously been accustomed. A succession of these warty elevations, white to look at, arose from time to time around the first one. Until six months since the progress was comparatively slow; the whole then became massed into one fungoid tumour, which enlarged from week to week sensibly.

More recently it has advanced with still greater rapidity, so that the growth of the past three weeks has equalled that of three preceding months.

She has been afflicted with pain from the very commencement of the disease—of a burning and lancinating character—shooting out at the right ear; and her sufferings have all along been much aggravated by any attempt to take food—which, on many occasions, had also the effect of causing considerable hemorrhage.

In the course of the previous treatment she had been subjected to the influence of mercury to the extent of salivation, with no advantage to the disease whatever.

The only topical remedy employed had been lunar caustic, which had been freely and frequently applied to the fungus; the effect was in every instance to aggravate both the disease and her sufferings.

The most careful examination of the neck can detect but a slight thickening of one absorbent gland below the angle of the jaw, and in the course of the external carotid.

Having but one tooth on the right side of her mouth, and that the last molar in the lower jaw, it was at once extracted, to allow of free access to ligature the vessels when the disease came to be excised.

July 20th.—For seventeen days past she has been richly nourished with soups and wine, and was this day brought to the operation chair.

1st. A strong ligature was passed through the tip of the tongue rather to the left side, looped, and given to an assistant, with orders to draw the tongue well out, and towards the left side, at same time instructed to watch closely, and as he saw occasion, to allow her to swallow, should a gulp of blood require her to make the effort.

2nd. Her head was steadied against the breast of another assistant, who had charge of both carotids, with orders to limit the pressure to the vessel on the right side, unless he should receive instructions in the progress of the operation to impede the circulation in both.

3rd. The jaws were widely separated by a wedge of cork entered between the teeth on the left side.

4th. The diseased mass was then firmly grasped between the claws of a volsellum held in the operator's left hand, and the right half of the tongue swept out by one cut of a strong curved probe-pointed scissors, the diseased mass being thereby wholly and at once removed. The dorsal and sublingual branches of the lingual artery bled with great energy for a few seconds, owing to a movement of the patient having altered the position of the right carotid, but both the bleeding vessels were speedily secured and easily ligatured, when all hemorrhage ceased.

5th. To eradicate any trace of disease that might exist by possibility in the tissues contiguous, the actual cautery was then run over the whole surface of the wound; the cavity was then filled with amadou soaked with tincture of matico, and the patient removed to bed. She bore the operation well, and neither moaned nor winced during the whole proceeding. About two hours after the operation hemorrhage took place, which was, however, easily controlled by a finger in the mouth until the operator arrived, who, having emptied the mouth of amadou and a clot of blood, saw, seized, and secured by ligature the dorsal artery previously tied, when the bleeding wholly ceased. The cautery had evidently come in contact with the previous ligature and burnt it.

8 P.M.—The wound has been left open, and under constant and easy inspection; not an ooze of blood has occurred since the dorsal artery was again tied.

July 21st.—Has slept well during the night; no hemorrhage; has swallowed two cupfuls of soup thickened with arrow root without much difficulty.

July 22nd.—Wound clean; feels well; swallows more easily.

July 24th.—Going on favourably. There has not been the slightest oozing of blood since the afternoon of the 20th.

July 25th.—Complains of a stitch in the left side of her chest, which she ascribes to cold caught from the draught of an open window. Apply six leeches to the pained part.

July 26th.—Leech bites bled freely; pain much relieved.

July 28th.—Is well in health; pulse sixty; tongue clean; bowels regular; wound much contracted. The tip of the tongue is now drawn round to the cut side, so that the edge of the left side presents itself as a tip, affording the semblance of a short but entire tongue. Neither the burning nor the lancinating pains have ever been felt since the hour of the operation.

August 4th.—Wound granulating kindly; whole surface healthy and much contracted in extent. The powers of deglutition and of speech wonderfully perfect.

August 7th.—A white speck observed to-day of the size of a split pea, like an aphthous spot, on the right anterior column of the velum palati, quite clear of the recent wound. It is brushed over with nitrate of silver.



August 9th.—The film formed by the nitrate is thrown off, and the spot presents the same appearance. A portion of the mucous membrane under and around it pinched up and clipped off, and the parts under and around freely seared with the actual cautery at a white heat.

August 10th.—Wound suppurating kindly where it was seared.

August 11th.—Wound looks well. Complains to-day of a pleuritic stitch in her right side, affecting her breathing. Apply six leeches.

August 12th.—Pain relieved, but not gone. Apply a blister to the seat of pain.

August 14th.—Pulse quiet; pain gone; tongue healthy to look at, and all but healed; though small, it seems sufficient for every useful purpose. She speaks very distinctly.

August 17th.—Dismissed cured. To travel a distance of fifty miles home.

Remarks.—There seems to be a dread at the performance of this operation on the part of some surgeons, for which there are no just grounds; while others profess to decline the operation on account of the uncertainty of the cure being permanent. To the former I would only suggest, that choking by hemorrhage appears to me to be the only risk; the mere loss of blood need never excite apprehension. The head should be firmly lodged in a perch, such as is used on a dentist's chair, an able assistant can then moderate the bleeding by compressing the carotid of the side on which the operation is proceeding (and the disease is almost invariably confined to one side); a few seconds suffice for securing the two, or at most three, vessels that are there to be found; and during this short period a right posture of the head, with the remains of the tongue well drawn forward, alike facilitate the ligation of the arteries, and the escape of the blood over the patient's chin and breast. For taking up the vessels the spring or bull-dog forceps is far preferable to the tenaculum—its grasp is decided—its hold is secure and independent of support, so that the operator can dispense with one assistant by dropping the forceps and then running home the ligature for himself. The ooze afterwards is trifling; the wound left open, and the mouth empty, would afford the greatest security against after bleeding, by allowing it to be at once seen—and seen to. The wound is most favourably circumstanced for healing, and may accordingly be expected to give no further trouble after the first day.

I would never again apply the cautery until after the ligatures had dropped off, when, if anything suspicious appeared in or about the wound, I would assuredly use it most freely as a likely mean of destroying any remains of infected tissue that might have escaped excision, and as well calculated, by occasioning the formation of the dense cicatrix so well known after severe burning, to resist the effusion of a blastema bed for cancer cells to become developed in.

To such surgeons as deny to a patient the chance of cure afforded by excision in any case or stage of cancer, I would earnestly commend to their careful perusal the inestimable work on this subject recently given to the profession and to science by Professor Bennett of Edinburgh. After reasoning the question of the "Rational Treatment of Cancerous and Cancroid Growths" in the most able

manner—see page 236, *et seq.*, of his work above referred to—Dr Bennett, at page 245, lays down the practical rule—a rule in the propriety of which I entirely acquiesce—“as based alike on pathology and experience”—“That so long as a cancer remains fixed in a part capable of being removed, and the strength of the patient is not too much reduced, so long is the surgeon warranted to interfere.”

The malignant character of the growth excised from Mrs M'Hardy's tongue may be assumed from the description I annex, penned after a careful microscopic examination made by our eminent histologist, Dr Redfern.

“The cut surface of the tumour has healthy muscular substance every where, except near the middle, at which point it partakes of the structure of the whole mass.

“The mass contains scales of epithelium of all forms and sizes, naked nuclei, numbers of fusiform, caudate, and irregular nucleated cells of all sizes, and a number of beautiful spherical and large cells, with large nuclei, and one or two nucleoli.”

257, UNION STREET, ABERDEEN,
1st September 1849.

APPENDIX.

It adds a melancholy interest to the case above recited, to know that the imprudent manner in which Mrs M'Hardy was conveyed home, has been the occasion of her death. In a letter from her husband, received two days since, he states, “that she reached Rhynie safe” (forty miles per coach), “and being then transferred to an open cart, set out to travel over a hill road, a distance of ten miles further; that she continued well until she was within three miles of home, when she was seized with a severe pain in her side, which came across her heart and stopped her breathing; that after seven days of extreme suffering, she expired on Sunday the 26th August.” The only treatment alluded to is, “that two blisters had been applied to her sides, but without any benefit.” He adds, “she felt no pain in her head or in her tongue, which was quite whole and beautiful in the appearance.”

It is grievous to think that the life of an aged individual that had passed so safely through so much, should have been sacrificed to an ill-judged parsimony. A carriage to convey her over the last ten miles of her journey in place of an open cart—or the skill of a medical adviser on the onset of inflammation in her chest, in place of their own misguided attempts at treatment, might, humanly speaking, have easily preserved the life that bade so fair to be comfortably prolonged by the successful issue of the operation.

257, UNION STREET, ABERDEEN,
6th September 1849.