Hare-Lip. I have notes of 147 operations for hare-lip, for which I have given chloroform. A few of these operations were performed by Mr. Arnott, Mr. Caesar Hawkins, Mr. Bowman, Mr. Henry Charles Johnson, and others, but nearly nine-tenths of the whole number were performed by Mr. Fergusson, either in his private practice or in King’s College Hospital. A great number of Mr. Fergusson’s operations were in children from three to six weeks old; and some were younger than this, one being only eight days. There used to be an objection against operating for hare-lip on the very young infants, as it was said that they often died of convulsions, which I believe to be true. The convulsions were supposed to be caused by the shock of the operation on the nervous system, which I believe to be entirely untrue. I believe they were caused by haemorrhage; and I would not recommend the surgeon to perform his first operations for hare-lip on very young and feeble infants. The great success of this operation of late years, in the first weeks of life, depends on the dexterity of the surgeon who performs the operation so quickly that scarcely any blood is lost. When Mr. Fergusson performs this operation, the infant is held by a nurse, who is seated opposite to him, whilst its head is placed in his own lap between his thighs. An assistant compresses the labial artery on the right side, by grasping the lip between his finger and thumb, just at the angle of the mouth; a sharp-pointed scalpel is pushed through the lip on the right side, just below the nose, and carried downwards so as to cut away the edge of the fissure; then the same performance is done on the left side of the fissure, while Mr. Fergusson compresses the labial artery on that side with the finger and thumb of his left hand. In about twenty seconds from the beginning of the operation, the hare-lip pins are introduced, and the cut edges of the lip being pressed together, the bleeding is at once entirely stopped. I have no doubt that many lives are saved by early operation, especially amongst the poor, as a child with a bad hare-lip cannot take the breast till it is operated on, and there is a very great mortality amongst infants brought up by hand.

The blood which escapes when the infant is laid on its back flows back into the throat, and it usually passes on each side of the epiglottis, and runs into the stomach without any act of deglutition. In a few cases of strong children, in whom the bleeding is rather free, the breathing gets embarrassed, and Mr. Fergusson turns the face of the child downwards for a moment to let the blood run out of its mouth. When
the quantity of blood flowing into the throat is greater than can run down into the stomach, in the way I have mentioned above, the glottis closes and the breathing stops, which gives the indication for turning the face downwards. I have seen a few operations in the hospital for hare-lip, without chloroform, whilst the children were on their backs. In these cases they cried violently from the pain, set the blood in the mouth into violent commotion, and then drawing a deep inspiration, drew a little of the blood into the larynx, which caused a violent cough; so that there was usually much more appearance of choking than in the cases where chloroform was given. Moreover, in these latter cases, it is usually towards the end of the operation that the children sometimes become embarrassed with the blood; not because the quantity of blood is greater, but because the sensibility is returning. I have seen one case which shows that the effects of chloroform, when deep or long-continued, will diminish the sensibility of the glottis. After an infant was made insensible some years ago for an operation for hare-lip, it was found that an instrument for dividing the projecting intermaxillary bone was wanting, and I kept the child insensible for several minutes, by administering chloroform occasionally, until the instrument was found; the bleeding was rather free, and some of it entered the windpipe and caused a tracheal râle. The child coughed it up on awaking, and no ill consequences followed; but the occurrence confirms the opinion previously expressed, that the insensibility should not be both deep and long-continued at a time when copious haemorrhage is flowing into the throat. The effects of chloroform pass off very quickly in infants, and it is not often that they last till the operation of hare-lip is finished, short as that operation is. In private practice, indeed, when the parents of the infant are close by, I usually have an opportunity to apply a little chloroform, mixed with spirit, on a sponge, in the course of the operation, when it is required to prevent crying; but in the hospital, the children sometimes cry a little before the operation is concluded.

Cancer of the Lip. I have memoranda of nineteen cases of cancer of the lower lip, and three or four of the upper lip, in which I have administered chloroform. As there is never an easy chair in the operating theatre of an hospital, and it is difficult to keep the patient in a common chair when he is under the influence of chloroform, it is better to place the hospital patient on the operating table, with his head and shoulders raised during this operation; but in private practice the patient may either be placed on a sofa, or in a large easy chair with a high back. The effect of the chloroform often lasts to the end of the operation, if it be completed within two or three minutes; but I always go provided with a hollow sponge, and a mixture of chloroform and spirit to apply during the operation, if required.

Division of the Sensory Nerves of the Face. I have notes of nineteen cases in which I have administered chloroform during this operation. They were chiefly performed by Mr. Fergusson, but a few of them by Mr. Bowman. The operation is of so painful a nature, that I believe it was seldom performed before the practice of inhaling narcotic vapours was introduced. It is done subcutaneously, by means of a small sharp-pointed bistouy,
by which the affected nerves are chopped up by twenty or thirty incisions, at and near the points where they issue from their respective foramina. In operating on the mental branch of the fifth nerve, the bistoury is sometimes introduced from the face, and sometimes from the interior of the mouth. The pain continues for two or three days, till the inflammation caused by the operation subsides, when there is usually a complete absence of pain for three or six months, at the end of which time the operation has often to be repeated. I am not aware whether the relief has been permanent in any case, but it has often been very complete for a time. One patient, on whom Mr. Ferguson operated in King’s College Hospital, looked like an old man at the time of the operation, but this was the effect of his severe suffering; for a week or two afterwards he looked his real age, which I think was less than forty. This operation is not performed for the milder cases of neuralgia, or for cases that can be cured by quinine or iron; but only for the more terrible forms of the complaint, which fortunately are somewhat rare. Rare as they are, however, they occur sometimes in near relatives.

Division of other Nerves of Sensation. I have notes of nine cases in which nerves in other parts of the body were divided, and a portion cut out, for neuralgia. On four occasions the nerve was situated in a stump following amputation; and on two occasions a tumour of the nerve was removed. The operations were performed by Mr. Ferguson, Mr. Solly, and Mr. Paget.

Operations on the Eye. The operations for cataract are frequently performed without chloroform, when the patient has sufficient resolution to keep his eye steady. I have, however, administered chloroform fifty-three times during the extraction of cataract; thirty of the cases occurred in the private practice of Mr. Bowman. On November 25th, 1851, I administered chloroform whilst Mr. White Cooper extracted a piece of flint from the interior of the eye; and on February 7th, 1852, whilst Mr. Bowman extracted the capsule of the lens. On February 17th of the same year, I assisted Mr. White Cooper with chloroform whilst he extracted a cataract from the eye of an elderly lady; and I assisted him in eleven other cases during that and the following year. I assisted Mr. George Pollock in two operations of the extraction of cataract in June 1852; and Mr. Lawrence in three operations in 1853. Eighteen of Mr. Bowman's operations were performed in the summer and autumn of 1854, and were of the usual kind; but in six out of the twelve cases in which I have since assisted him, the cataract was first drilled and then removed, in a softened state, through a small opening in the cornea, by means of a small scoop. I have assisted Mr. Alexander in two cases, and Mr. Critchett also in two. Several of the patients were over eighty years of age.

The operation for the extraction of cataract is said not to be a painful one, but the patient requires to be as insensible during its performance as if he were about to undergo lithotomy, or a great amputation; without this, the eye and eyelids will not be steady. The insensibility must be kept up completely until the cataract is extracted.

It is necessary that the stomach should
be empty when the patient inhales chloroform for this operation, in order that vomiting may, if possible, be avoided. There was a little vomiting in a very few of the cases in which I administered chloroform, but it was not attended with straining, and I believe it did no harm in any case. Mr. Bowman informed me of a case of his in which chloroform was administered in the Ophthalmic Hospital for the extraction of cataract, and the woman vomited violently afterwards, and the eye was destroyed. She, however, was a person of bad constitution, and the vomiting might have occurred without the chloroform. The patients were lying on a sofa in all the operations, except, I think, one by Mr. Alexander.

I have notes of nine cases of the drilling of cataract in which I have administered chloroform, and there were some other cases in 1848, of which I have no memoranda. Some of the early operations were performed by Mr. George Pollock, and the more recent ones by Mr. Bowman. Many of the patients were infants or children. There have been two cases of the removal of coagulated lymph from the interior of the eye, by Mr. Bowman and Mr. White Cooper; and six cases of the formation of artificial pupil, by the same surgeons, and Mr. Dixon; and in two cases lately, Mr. Bowman has removed a portion of the iris.

I have given chloroform in 25 cases of excision of the eyeball; 20 of the operations have occurred within the last two years, in addition to some in which I administered amylene. The whole of the operations were performed by Mr. Bowman, except one by Mr. Fergusson, and one by Mr. Hancock. The operation is of late years a much less formidable one than formerly, owing to the plan of commencing to dissect off the conjunctiva just around the cornea. After the eyeball is removed, the edges of the conjunctiva are drawn together by a fine suture, so that scarcely any wound is left, and the patient can generally begin to wear an artificial eye in four or five days. In cases of malignant disease extending beyond the globe, of course, the more formidable and extensive operation would still require to be performed.

I have administered chloroform for the removal of sparks of iron and other foreign bodies from the cornea, chiefly in cases in which the surgeon had previously tried without success. Under the influence of chloroform, the foreign matters were always removed very readily. There have also been operations for the removal of growths from the eye and granular growths from the conjunctiva, and also for staphyloma and pterygium.

I have memoranda of 54 operations for strabismus in which I have administered chloroform. The greater number of them were performed by Mr. Bowman, but several by Mr. Fergusson, and a few by other surgeons. One operation was performed by the late Mr. Dalrymple. Mr. Bowman generally operates on both eyes at the same time. A great number of the patients who have taken chloroform for this operation were children. They have nearly all been lying down during the operation.

There have been nine operations for ectropion and entropion, chiefly by Mr. Bowman. I have administered chloroform on four occasions whilst Mr. Bowman has performed a plastic opera-
tion for the formation of a new eyelid. On three occasions the eyelid had been destroyed by a burn, and the material for the new one was taken from the integuments of the forehead. The operations were necessarily tedious.

Removal of Foreign Bodies and Polypi from the Ear. In May 1849, Mr. Henry Charles Johnson extracted a pea from the ear of a child, six years of age. The pea had been a month in the ear, and Mr. Johnson had endeavoured to examine the ear without chloroform, but could not do so. In May 1857, I administered chloroform to a child aged three years, a patient of Mr. Tuach, whilst Mr. Hewett extracted a glass bead with sharp edges from the ear. He got it out with a director. I have notes of four cases in which a polypus was removed from the ear by Mr. Partridge, Mr. Fergusson, Mr. Henry Lee, and Mr. Henry Smith; and I recollect giving chloroform more than once at Mr. Toynbee's whilst he performed a similar operation, although I have no memoranda of the circumstances.

The Removal of Polypi and Foreign Bodies from the Nose. I have memoranda of fourteen cases in which I have administered chloroform for the removal of polypi from the nose. The operations were nearly all performed by Mr. Fergusson. The patient was nearly always seated in an easy chair, and the chloroform, in several cases, was repeated to keep up the insensibility till the operation should be completed. In one of the cases, the polypus caused a protrusion of the nasal bones; the nostril was slit up, and there was very great haemorrhage as the polypus was brought away. The pulse became small for a time, but there was no syncope. The patient did well. In June 1852, I gave chloroform to a girl, five years old, and Mr. Fergusson scooped out some polypus growth from the right nostril, and also an oval softened body, rather bigger than a horse-bean, which was a young orange that the child had pushed up her nose in India. The case had given rise to a good deal of difference of opinion amongst medical men in India and Malta, who generally discredited the child's account of the orange. In August 1856, Mr. Stanley removed a bean from the nose of a child.

Certain Operations in the Mouth. I have notes of six operations for cancer of the tongue, performed by the late Mr. Keate, Mr. Quain, Mr. Hancock, and Mr. Paget. Mr. Paget's was a case of epithelial cancer, in a lady, about twenty-five. The operation was one of excision of the tumour, and I lately heard that the patient remained free from the complaint. The other operations were by ligature. Mr. Quain's was a hospital patient, and I do not know the ultimate result of the case. The other patients had a return of the disease, and died after great suffering.

I have notes of ten operations for epulis, chiefly by Mr. Fergusson. The patient was generally on a sofa or the operating table, with the head and shoulders raised. As the operations were soon completed, the chloroform seldom required to be repeated. There have been some cases of cancerous disease of the gums and alveolar process in which I have administered chloroform. One of these was a patient of Mr. Bell, the dentist, on whom Mr. Hilton operated. I assisted the late Mr. Avery by giving chloroform in two operations for cleft palate. A large cork with a string to
it* was kept between the molar teeth on one side during the operation; and the inhalation was repeated from time to time. The surgeon, however, much prefers to have the patient awake during this operation, when he can get his assent.

I have administered chloroform four times for the removal of the tonsils. Three times in children, and once in the adult. In the case of a child on which Mr. Curling lately operated, he removed one of the enlarged tonsils very easily and very well, but just as he was beginning to remove the other, the child began to vomit its breakfast, and the throat was afterwards so filled with mucus and blood, that we thought it better to defer the remainder of the operation till another day.

Plastic Operations. I have memoranda of 50 plastic operations in which I have administered chloroform, in addition to those on the eyelids, previously mentioned. Eight of the operations were for the formation of a new nose. Five of them were by Mr. Fergusson, two by Mr. Critchett when Mr. Fergusson was present, and one by Mr. Samuel A. Lane. I made the patients insensible with the inhaler before the operation was commenced, and afterwards kept up the insensibility by means of chloroform, diluted with spirit, on a hollow sponge. No fewer than 24 of the plastic operations were for the remedy or mitigation of deformity caused by burns. In fourteen of these cases, the operation was performed on the neck, but often extended to the breast and lower part of the face. The other ten operations were for burns on the face and arms and other parts of the body. Nearly all these operations were performed by Mr. Fergusson. One of his patients was a gentleman from New York, who had a most severe burn in the face when a child. The operations, without the action of a narcotic, would be of the most painful nature; and the greater number of those at which I have been present would not have been performed, except for the discovery of narcotism by inhalation. The remaining eighteen plastic operations were for a variety of purposes, such as replacing the loss of a lip, the closing of artificial anus, and of openings in the cheek, and a variety of other defects, either congenital, or arising from injury or disease. They were nearly all performed by Mr. Fergusson.

(To be continued)

CATALOGUE OF MEDICAL FILMS

Imperial Chemical Industries Ltd. have issued a further edition of their catalogue of medical films. They are all 16mm sound films and have been produced in collaboration with specialist units throughout the country. Many of the films listed have been available for some years. The black-and-white series on the techniques of anaesthesia are suitable for inclusion in an undergraduate teaching programme. Recent additions are colour films on various physiological topics of interest to anaesthetists. The catalogue gives details of the subjects and also running times. These films are available to “approved medical audiences only”, and no charge is made to borrowers of I.C.I. films, except for return carriage. Further details may be obtained from the I.C.I. Film Library, Imperial Chemical House, Millbank, London, S.W.1.

Ian C. Geddes

* I never allow of a cork or any such substance being put into a patient’s mouth when insensible unless it is well tied to a string, lest it should be swallowed.