

## Original Communications.

*Removal of Tongue and Lower Jaw.* By WILLIAM H. HINGSTON, M.D., L.R.C.S.E., Surgeon St. Patrick's Department Hotel Dieu Hospital, &c.

There are occasions when surgeons, in the exercise of their oft-times anxious functions, hesitate between allowing a patient to linger a few suffering months upon the earth, or attempting, even at the risk of cutting short existence by a hazardous and most formidable operation, to arrest the progress of a fearful malady, relieve suffering and prolong life. Such an alternative presented itself to me early in October last, and, although, at the time, I shrunk from employing the knife, the result has proved, in a conclusive manner, the advisability of the procedure adopted.

An old man, William Murphy, æt. 71, presented himself at the hospital in October, 1872. His general appearance was that of health; his countenance open; his complexion florid; his eye clear; his skin soft and ruddy. On a casual glance he had all the appearance of a hale, hearty, fresh old age. Yet, on closer inspection, an ugly-looking cancerous mass was visible through the ever half-open mouth, involving the whole sublingual region; extending along the lower jaw from a little beyond the median line on the right side to the second molar tooth on the left; and eating away, in its progress upwards, the frænum and a considerable portion of the under surface of the tongue. This large open cancerous surface emitted an odor of a most offensive nature. The movements of the tongue were much interfered with, and speech, as a consequence, was indistinct. Deglutition was painful and difficult; and pain, of a severe lancinating character, troubled him by day, and disturbed his rest by night. He told me he had noticed a small pimple under his tongue in June last, which had been treated for some time by a neighboring practitioner, who recognized its true character and suggested the patient's going to New York or Montreal, to have its removal undertaken. After some time he directed his steps hither, and placed himself under my care. On a careful examination of the extent to which the structures were involved, I told him the disease had so extended as to render necessary the removal of the greater part of the lower jaw and the whole of the tongue. He said he was prepared to submit to the removal of the jaw, but he could not suffer loss of his tongue; and urged me to remove the jaw, and take from the tongue whatever seemed to be diseased. But, believing, as I do,

that partial removal of the tongue for malignant disease is objectionable, I was forced to decline even a compromise "whereby the original constitution and frame, as from the Maker's hand, as Sir William Ferguson expresses it, may be kept as nearly as possible in its normal condition." The patient then left the hospital. I cannot say I regretted his departure. Three days afterwards, he returned, and urged me to proceed at once to the operation as I had proposed. Having explained to my patient the full extent and nature of the operative procedure; its immediate risk; its subsequent danger; its, perhaps, only temporary relief; the inconvenience to him of being thus mutilated; the loss of speech and of the power of mastication, I met with the same reply: "If I recover, I'll be better without this thing; and, if I die—thank God I am prepared for that too." Never, during my professional experience, did I see a patient submit more cheerfully or courageously to an operation, the result of which neither of us could predict. And if, among the conditions favorable for operation, a tranquil, cheerful and hopeful disposition finds a foremost place, then would the patient in question, I was satisfied, withstand a mutilating which to most others of his years would be fatal. Finding him in this cheerful frame of mind, I supported it by kind and sympathetic encouragement. My own was strengthened by my colleagues who were not opposed to the operation (Drs. Beaubien, Munro and Rottot,) who subsequently afforded me valuable assistance at the operation. I also had the advantage of the valuable opinions of Mr. Gascoyne, of St. Mary's Hospital, London, and of Dr. Fenwick, who happened to visit the hospital at the time, both of whom considered the case to be one where an operation was justifiable.

On the 27th October I performed the operation thus: Patient being placed under chloroform, with his neck well raised and head thrown back, I made a vertical incision, in the median line, through the lower lip, across the chin to the hyoid bone; another at right angles to the former along the lower margin of the body of the inferior maxilla to the ramus; and a third, similar in direction, but of less extent, on the right side. The cheeks were separated from the jaw along the whole extent on both sides, and with them the levator menti, depressor labii inf., dep. anguli oris, and platysma myoides as far as the anterior margin of the masseter muscle on the left side, and the mental foramen on the right. The knife was then passed within the jaw and made to sweep along close to the bone, the genio glossi and hyodei, genio hyoglossi, mylo hyodei and digastrici