

MR. LISTON'S OPERATIONS

FOR THE REMOVAL OF
TUMOURS OF THE JAW.

To the Editor of THE LANCET.

SIR:—I am well aware that in the conducting of a periodical, but few of the articles proceed from the pen of the Editor, and that some of them may not even meet his eye until printed. Of this latter class, I suspect, is an article in one of the medical periodicals, published on the first of January, entitled, "North London Hospital—Recent operations of removing the superior maxillary bone." This not only cannot be the production of the Editor, but has evidently emanated from some one who is either ill-informed or ill-advised, or both. In many of its readers the perusal of this apparently puerile effusion must have aroused a "virtuous indignation;" and I do not hesitate to point out the errors of evil tendency with which it teems.

Mr. Liston, having acquired in Edinburgh the enviable reputation of being in his profession *facile princeps*, migrates to a wider sphere of action. A celebrated stranger, he is looked upon by most persons with interest, by some with suspicion; he is watched by both parties; his hospital is the field in which he is to show himself, and by his practice there his professional powers are to be tested. The performance of the operative part of his duty (though I deny that therein lies his *forte*), is naturally the most striking, and the first to be canvassed. Several cases present themselves, demanding serious, difficult, and somewhat unusual operations. These are performed in a style to which the spectators are rather unaccustomed,—coolly, rapidly, safely. The unprejudiced are unqualified in their praise; others admit the skill and dexterity displayed, but are sceptical as to the expediency of proceedings so terrible, until satisfied by the successful results. Others, I fear, are envious spirits,—they "believe and tremble." Inwardly admitting the talent of the surgeon, and the excellence of the cure, they, nevertheless, with ill-directed industry, strive to represent the matter to others in a disparaging point of view. I do not mean here to assert, that from this spirit the article in question had its origin, but I do think that it does not display the feelings of liberality and the even-handed justice which it ought. The writer obviously aims at affixing a stigma on Mr. Liston and his operations. Let us see how far he has succeeded in his object.

We are told that the upper jaw is liable to disease and subject to excision; that surgery is, in the present day, superior to what it was formerly; and that malignant

diseases are apt to bring the knife into disrepute. Besides these self-evident facts, two things are proved,—“the ill success of such operations (for malignant growths) in general, and the information and humanity of surgeons.” In return for these “two things” I would beg leave to offer in exchange two simple questions,—1st, Why should the “ill success of such operations *in general*” detract from the good success of two operations in particular? And, 2ndly, Is not the surgeon who dexterously and safely removes a hideous swelling (which, if not of evil disposition, is, at least, tending towards it), and thereby restores his patient to health, comfort, and happiness,—is not he both better “informed” and more “humane” than the surgeon who, under similar circumstances, with a wise shrug of the shoulders, and a scientific shake of the head, expresses pity for the suffering patient, but leaves the disease to run its course unmolested, and the fellow-being unassisted, to drag out a miserable existence, harassed by his fell destroyer?

“The day, indeed, for flashy operations is gone by.” What does the writer mean by the elegant expression “flashy?” If he mean tinsel, gaudy, empty show, then I agree with him that this is not the time for such displays; for, according to his own statement, surgery has made some progress during the last twenty years. But if he mean by “flashy” what is eminently good and, at the same time, new and uncommon then I think the term rightly applied to Mr. Liston's operations on the jaw; and, at the same time, I cannot suppose that the time will ever arrive, when what is an improvement in science, or a boon to suffering mankind, ought not to be accomplished.

“The refinement of our manners is disgusted at the exhibition of what wear more the aspect of clever butchery than of science; and the amount of our experience both tells us how to prevent, and when to avoid, operations.” I have heard of the march of improvement, but this exceeds my most sanguine expectations. Operations formerly the *opprobria* of surgery, are now exploded,—they are “avoided and prevented,” I presume, because now quite unnecessary. I fear that this is too good news to be true. The “manners” of the surgeon too, are so “refined” (!) that he is “disgusted at the “clever butchery” of an operation, however skilfully performed, and although it prove eminently successful in its result. Which is more like the trade of the butcher,—the making of a wound in a vein, and thereby draining a poor man of almost all his blood, as if he were a calf, and cutting away, by operative measures, which for their accomplishment require great skill, energy, and experience, what would otherwise shorten and embitter the life of a fellow-creature?

"Formerly the report of the performance of an operation peculiarly severe, would have excited astonishment, attracted admiration, and contributed greatly to the reputation of its performer; *now* the question is instantly asked, 'Can that have been required? Is it warrantable and judicious?' and until this question has been satisfactorily answered, the impression is against, and not for, the operator." The question has been most satisfactorily answered, and, by the writer's own showing, the impression is, therefore, *for* the operator. Nor will any efforts such as these have any power in turning or diminishing the tide of public approval. That Mr. Liston's operations were "required" to save the patients from death, with additional horrors, past experience has shown. That they were both "warrantable and judicious," their own successful results triumphantly demonstrate.

After these prefatory remarks two cases are copied by the critic, from the Hospital Reports of THE LANCET, in which cases the superior maxillary bone was excised for the removal of solid tumours, by Mr. Liston, the patients making excellent recoveries, and remaining free from the disease.

The simple fact of the complete success of the operations might have satisfied most people as to the ability of the operator; but the "reviewer," admitting the manual dexterity of the surgeon, is sceptical as to his diagnostic powers, and "is tempted to inquire, are there really any means of forming such a positive opinion with respect to the malignancy or non-malignancy of a morbid growth, as Mr. Liston is said to have uttered, and seems to have acted on?" Now, it could never enter the imagination of any one, that the writer of the article in question is able, or is expected to be able, to know "what is what" in tumours of the superior maxilla; but he ought to have recollected that Mr. Liston is a man of admitted ability, somewhere about mature age, who has dedicated much of his time and talents to the investigation of these very tumours, and, therefore, may be expected to know something with regard to them. I assert, fearless of contradiction, that Mr. Liston's labours in this department of pathology, have proved him to possess a complete knowledge of these tumours,—capable of leading to a wonderfully accurate diagnosis in any particular case, and at once determining the question either of operation or non-interference; and further, that any one of ordinary talent and industry may arrive, by perseverance and experience, at the same happy result. The history and external characters of the solid, fibrous, or cartilaginous tumours of the superior maxilla, in which operations are entitled to success, are very different, indeed, from those of the soft, medullary, encysted, or bloody growths, in which an operation would

be an unnecessary cruelty, or a faggot added to the already blazing flame of malignancy. To the distinctions between these opposite classes of tumours, Mr. Liston has frequently directed the attention of the profession, and it is not his fault if some people are blind because they will not see.

The writer next remarks,—“It is well known that slow growth, and a fibrous structure, in a tumour, are no guarantee against its cancerous nature;” and he adduces two wretched cases in support. This is very shallow work. Every one will admit the truth of his observation, but every one will, at the same time, see that it does not at all apply to the cases in question. “Slow growth and a fibrous structure” are *but two* of the characters of that tumour of the *superior maxilla* with which it is prudent to meddle. If he will take the trouble to inquire into Mr. Liston's views on this subject, he will find that *many more circumstances* must combine with “slow growth and fibrous structure” before Mr. L. will *recommend* an operation for removal of the disease. It is, therefore, a willing perversion of his published doctrines, to attempt to lead people to believe that his diagnosis is founded on so meagre a foundation as the above quoted passage would insinuate. The cases which are brought forward are not only extremely imperfect, but also totally inapplicable to the question at issue. What relation has “a fibrous tumour, which sprung from the condyloid end of the *femur*,” with the solid tumour of the *upper jaw-bone*? Is the writer, also, not aware, that the superior and inferior maxillas widely differ as to the tumours to which they are liable? They, as well as the end of the femur, are all bones, to be sure, and, therefore, in their diseases, are subject to the same general laws; but in their minuter relations, as to situation, function, liability to accident, peculiarity of formation, proneness to disease, and power of generating morbid growths, they differ most widely, the one from the other. Neither time nor space will now permit me to enter fully on this subject; but I say, let the individual who is the writer of the remarks in question, *study* Mr. Liston's views regarding it before he again ventures to scribble upon points with which he, “the writer,” is almost totally unacquainted.

Next, the reporter of THE LANCET is rebuked, because he rejoices in the success of Mr. Liston's treatment, and he is tauntingly informed that “such excessive demonstrations of delight and confidence wear a premature and rather ridiculous aspect.” Why? Because time cannot glide fast enough to let it be known whether the patients remain for ever free from the disease. Whose fault can that be? The second sight is now no more. Is it not enough that in *similar* cases the patients have enjoyed an immunity from the slightest return of the disease, either in

the original site, or elsewhere, for years, and that the individuals in question still are, and afford every ground to believe that they will continue to be, alike fortunate! Out upon such premature and ridiculous critics. This part of the subject is wound up by a quotation about the cuckoo, meant, I suppose, to be applied to the reporter of THE LANCET. Does the writer know what is a *tittin*? It is a tiny bird, which is always following the comparatively large and important cuckoo, probably with anxiety to perform any service, however dirty, that the cuckoo may require.

Next is quoted a case, terminating fatally, in which Mr. Liston may have allowed his better judgment to be swayed by the entreaty of his patient; and that case has been eagerly laid hold of as a savoury conclusion to the invidious article.

In consequence of the success of the two previous cases, patients with diseased jaws naturally applied at the *North London Hospital* for relief. One of these, a man of broken-down constitution, who, it is afterwards discovered, has led a most dissolute life, presents himself with a tumour of the superior maxilla, with which, although of small size, Mr. Liston is unwilling to interfere, the attendant circumstances inclining him to suppose the case to be unfavourable for operation. The man, however, is importunate, and insists on trying the chance of cure, desperate though it be. Mr. Liston, before operating, states, publicly, that he "undertakes the operation, not from choice, but on account of the urgent solicitation of the patient," and hopes that the removal of the growth may precede the active development of malignancy in its structure. His fears are realised; the tumour proves to be, when excised, not of the benign kind; and the previous habits of the patient exerting a strong and baneful influence, he sinks under the shock of the operation. What does this case prove? That Mr. Liston was right in his diagnosis,—that his error, if error it be, was not an error of judgment, but one of feeling, nothing more. The most malicious commentator cannot successfully twist the facts of the case to militate against the dexterity, judgment, science, or "humanity," of the operator, and the writer, in attempting this, has failed, as usual. He wishes us to believe that Mr. Liston operated in this case, supposing the tumour to be benign, whilst he has printed evidence before him that Mr. L. stated, previously to the operation, his belief that the morbid growth was *mali moris*! In this the writer, at all events, displays "sagacity" of a very "contradictory character."

He then, in a tone of affected high feeling, reprobates Mr. Liston for having yielded, unwisely, to the wishes of his patient. For this Mr. L. deserves no censure, but, on the contrary, praise, for he humanely perils his

own professional reputation to give a fellow-creature the only chance of safety from a lingering and horrid death. Nor do we think, that either "the interests of humanity or the character of science" can be injured by conduct so singleminded, so *humane*, and, in every point of view, so laudable.

Mr. Liston, in his comments on this case, had considered it rather a favourable circumstance, that the tumour had followed a blow. The writer here taunts him with ignorance of pathology, and thereby displays his own. He states that when a morbid growth follows a local injury, "that is presumptive evidence for, rather than against, constitutional vitiation." If an individual receive a blow, anywhere, and a swelling slowly forms in the part injured, and if another individual have a morbid growth in a corresponding situation, where no local injury has been sustained,—in which patient is the "constitutional vitiation" most likely to exist? The all-sufficient writer will, I fear, find few well-informed men hardy enough to say "in the former."

I have to apologize for the length of my remarks. In self-justification it appears to me to be sufficient to state the motives which have dictated them. They are twofold,—respect for the name and character of Mr. Liston, and regard for the interests and advancement of surgical science. I have the honour to be, Sir, your obedient servant,

A WELLWISHER TO TALENT AND TRUTH.
Jan. 23, 1837.

LONDON MEDICAL SOCIETY.

Monday, January 30, 1837.

Dr. LEONARD STEWART in the Chair.

THE INFLUENZA, AND ITS TREATMENT BY BLEEDING.

Dr. CLUTTERBUCK this evening presented to the Society a paper on the present epidemic. After speaking of the great interest attaching to the subject, the author remarked that epidemics of this kind had been known for about 300 years, and that there had probably been many before, not recorded, though it was likely that their history would be of little benefit as affording precedents for the treatment of the present general catarrh, since all epidemics were more or less modified by circumstances. In the present epidemic the great outline of symptoms was strikingly similar in the generality of cases, though variations existed in particular instances. It generally commenced with a chill, followed by rigors, then heat and dryness of the skin, sneezing, lachrymation, and pains in the head, back, and limbs, with a frequent and small pulse, white tongue, and watchfulness. It bore in many