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On a Case of Aneurism, an account of which was published by Professor Pattison, in the January (1822) Number of the American Medical Recorder. By H. H. HAYDEN, DENTIST, of Baltimore.

IT is, I believe, not only a privilege, but a duty incumbent on every person to obviate or prevent, as far as possible, misapprehensions that may grow out of, or be imbibed from erroneous, or otherwise imperfect statements of facts; and more particularly so in all cases that relate to medical facts.

Hence I have been induced, though reluctantly, to offer a few remarks on the subject of An "Anastomosing Aneurism," that occurred in the case of C. C. Esq. D. C., and which was described by Mr. Pattison in the 17th Number of the Medical Recorder

This case, with some of the prominent circumstances attending it, has been, it would seem, so long before the public, and so frequently the subject of popular comment, that any further observations on its character, however illustrative they may prove, may be considered by many as an instance of supererogation on my part, and as one requiring at least an apology, if not an explanation of the motives by which I have been induced to interfere with or question the statements already given.

These requisitions I shall the more readily comply with, in order, in the first place, that those who feel an interest in the subject may have a *correct* view of the facts as they occurred, and be enabled thereby to judge of the propriety of the course which I have pursued. And secondly, to shield my own character, as far as concerned in the case, from the unjust and illiberal insinuations that have been indirectly aimed at it from other sources.

I shall therefore proceed, in the first place, to give a brief statement of the circumstances connected with the case, and also of the manner in which I had any concern with, or knowledge of it.

Here I regret being under the necessity of bringing again into public view, the person who was the subject of the disease in question. But I feel assured that he would never withhold his name in the cause of truth, and that I may at least, in the present instance, claim his indulgence.

On or about the 25th of March, 1821, while on a visit to the city of Washington, I was called on by Mr. C. for professional advice and assistance.

At that, and for a considerable time previous, as will appear by his own letters, contained in the 5th vol. of the Medical Recorder, he had laboured under the most serious anxiety, as well as indisposition, from some peculiar, yet unknown disease that existed within and about the superiour portion of the left cheek.

This case I had heard mentioned while in the district, but had never seen and examined it until the time of his calling on me, and being under the impression that he suspected the disease of his face to have originated from a diseased tooth or teeth, as is sometimes the case, I was led to examine them in the most critical manner: in doing which, and in elevating the cheek the better to admit light, I observed that the inside of it appeared dry, and that but little or no saliva was discharged from the parotid duct of that side. Suspecting at once that the duct might be compressed by a tumour, I introduced my finger into his mouth, and passing it upwards under the cheek, I felt not only a considerable enlargement, not unlike that of a tumour, lying partly in

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the cheek, and partly in the deep fossæ behind the tuber maxillare, but also a distinct pulsation, which at that time may have been, in a greater or less degree, accelerated by his having walked from his residence to my lodgings, a distance of nearly a quarter of a mile.

Struck with the novelty of the case, I passed my finger over every accessible part of the tumour, with my thumb on the outside of the cheek, and in every part I found the pulsation the same and equally distinct.

From these circumstances and the peculiar nasal accent accompanying almost every word which the patient uttered, no doubt remained on my own mind of the *nature* and *extent* of his disease, and I immediately observed to him that, whatever might be the opinion entertained of his disease, it had no connection with his teeth.

Feeling an unusual degree of interest in the case, and an equal degree of inclination to satisfy my curiosity on the subject, I asked him several questions relative to the origin of his complaint, the time of its commencement, and of its progress.

Observing a considerable scar on his cheek, a little below the left eye, I asked him if he had ever received a blow or fall upon the face? or by what means was the scar occasioned? He replied that the scar was occasioned by an operation that had been performed in Philadelphia, some years before, for his disease.

I immediately observed, *without knowing whom he had consulted*, that the person who performed the operation had mistaken the effect for the cause, that the *disease* still existed, and under circumstances more to be apprehended than at any time previous. He then requested me to explain the nature of the disease.

This I hesitated to do, not knowing but it might occasion some alarm or uneasiness of mind. He seemed to anticipate my sentiments, and observed, with his characteristic fortitude and composure, that I need not hesitate to tell him the worst, as he had already suffered much, and was prepared to suffer more, if necessary for his comfort and relief. I then told him in general terms, that his disease was that of *an aneurism of one of the arteries of his face*; and that the sooner he could obtain surgical aid the better, since the tumour had already acquired considerable size; therefore delay might be attended with unpleasant consequences. The following morning Mr. C. called on me again, in company with Dr. Worthington, jun. who, after a few preliminary remarks, asked of me the reasons for the opinion I had given on Mr. C.'s case.

Wishing the subject to be tested by him, and that too uninfluenced by any remarks of my own, I requested that he would examine the case himself, which he did in the only way in which the nature of the disease could be ascertained. After which he turned to me and observed, as near as I can recollect, "Sir, I am convinced that your opinion is correct."

On the following morning I left the district, and heard nothing more from Mr. C. until the 5th of April, when I received the following note, in Baltimore.

"Mr. C. presents his compliments to Mr. Hayden, and provided it be convenient, would beg the favour of his company, in a visit to Mr. Pattison, at three o'clock this afternoon. Thursday, the 5th of April, 1821."

As soon as I could make it convenient, I waited on him at Williamson's Hotel, and from thence walked with him to Mr. Pattison's, to whom I introduced Mr. C. and remarked that "there was a case that had fallen under my observation: would he have the goodness to examine it?" Mr. P. observed "What is your opinion of it, sir?" My answer was, "I wish, sir, to suspend my opinion until you have examined the case;" which on having done he observed, "It is a case of aneurism by anastomosis" On which Mr. C. remarked, "That is the opinion Mr. Hayden has given," or words to that effect.

As the nature of the disease, and more particularly its situation, was in some degree novel, and one that involved no inconsiderable degree of importance, as it respected both the patient and surgeon, Mr. Pattison, after premising a few remarks on the case, suggested the propriety of conferring with some gentlemen of the faculty on the subject, and proposed calling in Doctor Davidge:

to which Mr. C. readily assented, and the hour of ten o'clock, on the following morning, April the 6th, was appointed for the purpose.

Upon this occasion I was politely invited to attend, both by Mr. P. and Mr. C.; but as my presence was neither necessary nor of any use, I was not so particular in my attendance at the hour appointed. I arrived, however, just as the gentlemen were leaving Mr. Pattison's office. I asked Doctor Davidge what he thought of the case? He replied, as near as I can recollect, that it was unquestionably aneurismal; that there was nothing equivocal about it; and then, by way of illustration, mentioned several circumstances which, I recollect, he was in the habit of inculcating in his lectures, in the years 1808 and 9, and perhaps ever since, viz. that on pressing the aneurismal tumour between the thumb and finger, the blood could easily be pressed out of it, and that on withdrawing the pressure, the blood returned with peculiar force, producing a sensation not easily mistaken.

Not being actually present at the consultation, I am unable to assert positively in what way or manner Doctor Davidge was introduced to the case; but I have been repeatedly informed, and from such sources as will admit of no doubt on my own mind, that it was submitted for Doctor Davidge's examination and opinion, in much the same manner as it was submitted to Mr. Pattison. That is, without any previous intimation, either direct or indirect, of the nature, opinions, or suspicions entertained of the case.

Mr. C.'s disease having been sufficiently examined and understood, it was found necessary, as the only alternative, that an operation should be performed for his relief. This was subsequently done by Mr. P., and the history of the case, with the result, is already before the public.

Thus far I have endeavoured to state the circumstances as they occurred, from the first, with as much truth and precision as I possibly could. If I have been too prolix, or somewhat tedious in the details, the reasons will appear in the sequel, and I trust to the satisfaction of every liberal and intelligent mind.

Soon after the operation had been performed, and the successful result made known, a gentleman of the faculty, whose standing in his profession should have for ever shielded him, even from a suspicion of prevarication, did, from motives *well understood*, if not *perfectly* known, propagate and sedulously inculcate a report, and that too in several parts of the District of Columbia, that the disease under which Mr. C. laboured, and for which he was operated on, was nothing more nor less than a common indolent tumour, and this too without having seen, much less examined the case, at any time previous to the operation.

The circumstances under which this opinion was made known, and the degree of confidence reposed in the character of its author, were such as to excite in the minds of many, no very favourable sentiments towards those who had ventured to assert, that the character of the disease in question was aneurismal, and in that of others, particularly such as were allured as well by the glare of his reputation, as the weight of his authority, an opinion that the disease for which Mr. C. had been operated on, was *really* nothing more than a common tumour.

Here, instead of manifesting a spirit of conciliation, or a disposition to cultivate the good understanding and friendly confidence of gentlemen of the faculty, was a direct attempt, 1st, to lessen the confidence of the connections of Mr. C. in the opinion of the operator; 2dly, to controvert the opinions of the gentlemen whose names have been mentioned; 3dly, by so doing to hold them up to the public as incapable of determining the difference between a common indolent tumour and that of an aneurismal sac, even when the latter was accompanied with its most prominent and specific characters, so palpable and striking as not to be mistaken, if properly and attentively examined, by a common tyro.

Thus, to gratify an innate principle of hatred, a private animosity that was corrupting every noble feeling, was professional decorum and etiquette set at defiance—the dignity of the medical character outraged—whilst its escutcheon was sullied with a stain, more easily contracted than wiped away.

By this kind of malicious interference, this inexcusable misrepresentation of

facts, many were led indeed to doubt the correctness of the opinion at first given on the nature of the disease, and of the propriety of the course pursued in its treatment. Nay, having, myself, been instrumental, in acquainting Mr. C. of his situation, I was accused and highly censured for having, without a just cause, excited unnecessary alarm and uneasiness in a case so trifling and unimportant.

Finding that such an opinion was entertained, I wrote to a gentleman in the district, who was well acquainted with the most material circumstances, and on whose opinion I could rely, and was pleased to find that no one of the family of Mr. C., or of his connections, had altered their opinions of the case, the report to the contrary notwithstanding; and that if an opinion different from the one first inculcated did prevail, it was limited in its sphere, and mostly confined to such as were not likely to influence public opinion.

That such an opinion, however, did prevail among a few is pretty certain, and that some pains were taken to inculcate it no less so.

In a case of this kind, where it is not to be expected that every individual in society was capable of determining who was correct or who in an error, it was very natural to hope, at least, that some one would endeavour to place the subject in its proper light, by a fair and candid exposition of facts, that the public might be left to judge who was entitled to applause and who to disgrace.

Such a statement could scarcely be expected from any other source than that of Mr. Pattison, into whose hands the case had been submitted for an examination, and afterwards for an operation and subsequent treatment.

Such a statement, it was reported, was soon to be published, and in as much as the character and reputation of Mr. Pattison, and likewise *all those* who had expressed an opinion of Mr. C's case, was implicated in the report that was inculcated in the District of Columbia, it was sincerely hoped, and as earnestly expected, that he would avail himself of an opportunity so favourable in endeavouring, at least, to substantiate the opinions he had previously advanced on the nature of the disease, by adducing the testimony, at least of the two respectable gentlemen already mentioned, and also of vindicating the character of those, who had advanced an opinion in accordance with his own, from the obloquy that was attempted to be cast upon them.

In this, however, all were mistaken and disappointed; for in the statement given of Mr. C's case, no mention is directly made of the opinions that had been advanced previously, or subsequently to that of his own, much less has he condescended to notice the invidious report circulated throughout the district, by the person before alluded to, an opinion as likely to be credited as his own, and which, if credited, must necessarily place him in a *ridiculous* point of view, in the minds of many, as well as each of the gentlemen who had expressed a corresponding opinion of the subject.

In the latter point, however, it may be urged as an excuse, on the part of Mr. Pattison, that an attempt by any person, to inculcate an opinion so palpably erroneous, and in a manner so *repugnant* to every principle of politeness, deserves to be treated with the most studied indignity and inattention. *This is admitted*; but it should be recollected that *one story is generally credited until another is told*; therefore an effort, at least, ought to have been made to remove the mistaken impressions that had been received on the subject. This would have been most effectually accomplished, and the stigma fixed where it ought to have been, by simply paying the tribute that was justly due to his worthy associate, Dr. Davidge, who, when called *in consultation* upon the case, did unequivocally express his opinion that the disease under which Mr. C. laboured was aneurismal in its nature. But, for reasons best known to Mr. Pattison, this opportunity was neglected, and professional courtesy and respect totally disregarded.*

Mr. Pattison, it is true, has very kindly (but rather abruptly) introduced me into the fore ground of his piece: but with what view, under the circumstances

* How unlike this was the course pursued by Mr. Dalrymple in a similar case!—See Medico-Chirurgical Transactions, vol. vi. page 116.

in which I am brought forward, it is difficult, if not impossible to conceive, unless it be to catch and impart a ray of light subordinate to that of the principal mass, in order to give intensity of force and vigour to the principal object in the piece. This is doubtless correct, because in perfect accordance with the rules and precepts of Fresnoy.

“Permit not two conspicuous lights to shine
With rival radiance in the same design :
But yield to *one alone* the power to blaze.

Reynolds' Art of Painting.

But to pursue the subject with that degree of candour which it requires, it may be asked in sincerity, what rational purpose would be answered by introducing my name in the manner it is? It would seem that it was done with the very intention of holding me up to public view as some very intelligent character, whom Mr. P. had chosen to bring into notice, and for the very purpose of making me appear, in the sequel, as opposite and insignificant as the case would admit; that is to say, as one having no definite ideas or opinions of his own, but yielding the most implicit submission and homage to those of Mr. P., by being “inclined (only) to believe” so and so, because he had said so.

But lest I should have distorted the meaning and construction of the language, I will take the liberty of transcribing the expressions. “The opinion I delivered to my very intelligent friend Mr. Hayden” (a name not known in the case, or mentioned before) “was that his disease was an anastomosing aneurism, situated in the terminating branches of the internal maxillary artery,” &c.

In the next sentence we have the following: “Mr. Hayden, on receiving this statement” (the words above quoted are all that were communicated to me by Mr. Pattison) “assured me that, from the examination which he had made when consulted by Mr. C. at Washington City, he had felt *inclined to believe* that the disease was aneurismal in its nature; but as this opinion was opposed to the one given by the *eminent* surgeons who had performed the two operations upon it, he had begged Mr. C. C. to visit B., and consult me; and, anxious that his patient might hear my opinion unbiassed by any observations of his, he had determined not to state his suspicions until I had delivered to Mr. C. my opinion.” From the tenor of this sentence (the whole of which I am compelled to deny) the reader is left to form the following conclusions. 1st, That this “very intelligent” Mr. Hayden had seen Mr. C.’s case, and had been “inclined to believe” that it was aneurismal in its nature; but inasmuch as this opinion “was opposed to the one given by the *eminent* surgeons of Philadelphia,” I had determined not to hazard or communicate my suspicions to Mr. C. until he had made a journey to Baltimore, and consulted Mr. Pattison’s opinion, which, if it corresponded with mine, viz. that it was aneurismal, then I would very obsequiously, come forward and say that I was “inclined to think” so too.

Whether this construction of the sentence be true or not, it has subjected me to a no small degree of mortification, from the circumstance of hearing from several that they had understood that I had been instrumental, in the first instance, in making known the real nature of Mr. C.’s complaint; but that it appeared from Mr. Pattison’s statement that I had no definite or fixed opinion on the subject until he had given his opinion. Then, and then only, was I “inclined to believe” with Mr. Pattison that the case was aneurismal. Had my name been omitted in the statement, which I should have by much preferred, this notice would never have appeared before the public. As it is, if the reader will briefly reconsider the facts already given in this statement, and in connection, will peruse the following letters, he will then be able to judge how far I was influenced by the sentiments or opinions of “eminent surgeons,” or any one else, in deciding the character of the disease in question, on the very first examination. This view of the subject is sufficient, I trust, to explain my motives in entering into a circumstantial detail of the facts that oc-

curred in this case, and will, I hope, be accepted as an apology, if such be necessary, for thus intruding on the notice of the public.

Weston, Heights of Georgetown, April 4th, 1822.

To Dr. H. H. HAYDEN, of Baltimore.

DEAR SIR—I proceed to state, in reply to your letter of yesterday, requesting me to “give you, as near as I can recollect, the conversation which you had with me, about this time a year ago, on the subject of Mr. C. C.’s case;” that you commenced the conversation on it, by inquiring if I knew the young gentleman, and his father? On answering in the affirmative, you said I might be doing an essential service to the young man by representing to his father the extreme danger in which he was, and by assuring him that, in your opinion, he might be relieved and his life saved. I asked if you had examined his case? You replied you had, and that a branch of the maxillare artery, I think you said, was nearly ready to burst, that it was a *case of aneurism*, and there was no time to be lost in operating for his preservation. I remember with how much confidence you insisted on the correctness of your opinion, and how earnestly you desired that I would endeavour to procure the consent of the parties to have the operation performed, and that you had *not a single doubt*, as to the result.

I saw Col. C., the father of Mr. C. C., the same day, and reported your opinion. He replied he had already heard it, and had asked the younger Dr. Worthington to see and converse with you on the subject. I saw him a day or two afterwards, when he told me he had reason to believe you were right in your opinion, and that he had concluded to send his son to Baltimore for the purpose of further examination, and with a view to have the recommended operation performed.

I recollect you stated, that you should say nothing on the subject on your return to Baltimore, but had no doubt your opinions would be corroborated by the faculty there.

Very respectfully, Dear Sir,

I am your Obedient Servant,

THOMAS L. M KENNEY.

Georgetown, July, 1821.

DEAR SIR,

Accompanying this you will receive a small box, the contents of which I beg you to accept.

In offering this small expression of my gratitude for the important service you have rendered me, I by no means design it as a requital. My obligations to you admit of no pecuniary recompense, nor would I outrage your feelings by an attempt at such.

You found me last spring labouring under a disease whose progression was continual, and which, unless checked by a timely operation, must eventuate in my death.

Mistaken as to the nature of the disease, and trusting to the insidious suggestions of hope, I had lulled myself into the pleasing belief that all was safe. Unconscious of my danger, I might have been, at that moment, on the verge of the grave, when with a surprising perspicuity, *you discovered at a glance what had hitherto escaped all those about me*. Having, in my first visit to you, opened a new view of the case, it determined me to investigate how far my friends and self had been deceived: for this service alone I should feel myself in a high degree obliged to you. But your disinterested benevolence has carried you farther, and subsequent attentions have enhanced your claims.

The philanthropist seeks no recompense for his services to man; * they are

* This is, probably, an allusion to a letter, in answer to one from a particular friend of Mr. C.’s in which I had indirectly refused to accept of any pecuniary reward or compensation from Mr. C. for the services I might have rendered him.

the pure emanation from a kind heart, and carry with them their reward in the satisfaction they afford. He feels, however, a benevolent pleasure when his recollection carries him back to the particular instances and benefits he has conferred; and when he finds that they have been followed by the merited gratitude, however humble the individuals, a circumstance so creditable to the character of his species is an accession to his gratification. It is to produce this recollection, and impress you with my deep sensibility to your attention, that I would beg your acceptance of the token.

My friends join me, &c.

With much esteem,
I remain, dear sir,
Your Obedient Servant,

C. C.

Having thus far fulfilled, what I consider, my duty to myself and to the gentlemen whose opinions had been pledged on the character of the disease under which Mr. C. laboured, I trust I may be allowed the privilege of proposing a few queries, and offering a few remarks, on some particular parts of Mr. P.'s statement, without being suspected of a disposition to invalidate any one sentiment therein contained, but rather a desire to arrive at truth, and to acquire information on a subject so novel and so particularly interesting to every practitioner in medicine.

Mr. P., in his description of this case, has pronounced it "an anastomosing aneurism, situated in the terminating branches of the internal maxillare artery," &c. But from the tenor of some of the remarks we are left to hesitate, at least, in admitting their correctness to the full extent, inasmuch as they are at variance with the actual pathognomonic indications of the case, and such as scarcely to justify the inferences deducible from them.

Mr. P. observes (p. 112) "The tumour of the cheek was, at the time I saw Mr. C., very large. Its *central point* occupied the situation of the antrum highmorianum, but the *walls* of this cavity *having been destroyed*, it passed thence in *every direction* upwards into the orbit; protruding the eye nasally, it passed into the nostril of the left side, which it *completely filled up*, and pressing on the septum narium, it gave a general character of distortion to the nose. This tumour was, however, most prominent in a direction outwards.

"The second operation having removed the anterior wall of the antrum in this direction, there was nothing opposed to its passage, except the small fascial muscles, and their forces, although they might have a tendency to prevent its direct growth outwards, would have little effect in restraining it from growing in a direction *outwards, and backwards*. The symmetry of the left side of the countenance was completely destroyed. The tumour, which, in size, was, *nearly equal to the head of a new born child*, extended from the left margin of the nose," &c. &c.

From this view of the subject, the reader is left to conclude that it was a monstrous tumour indeed: and if aneurismal, one that should lead us to inquire what sort of materials the terminating branches of the internal maxillare artery are composed of, to admit a dilatation so enormous as to extend from *behind the tuber maxillare* into the nostril, and, by *pressing on the septum narium*, to give a "general character of distortion to the nose"—to destroy the walls of the maxillare sinus—to protrude the eye, partially, from its orbit, &c. &c. And moreover, to ascertain, if possible, how it happens that this aneurismal tumour should possess characters, according to the description given of it, which, I am "inclined to believe," few aneurisms ever did possess.

For instance, we are informed (p. 114) that "the operation of extirpating the tumour of vessels was out of the question. Could we even have flattered ourselves that our patient could have survived the great effusion of blood which must have followed *cutting into it*; it was impossible to expect that a substance so soft and pliable, would not have passed into some of the small osseous recesses situated in the fascial bones, and would then have eluded our search, and *formed a root* from which the disease would *speedily be reproduced*."

Let us suppose that this aneurismal tumour was confined to the internal maxillare artery and *some* of its branches, and an attempt was to be made to dissect it out, (for who would think of cutting into an aneurismal tumour of such a size with any other view?) is it not probable that, in performing this operation, the trunk, if I may so call it, of the maxillare branch would be cut off, and of course taken up to prevent a hemorrhage? If so, whence can a *root* be formed "from which the disease" (or a new aneurism) "could be speedily reproduced?" Or even admitting that the terminating branches *only* of the internal maxillare artery to have been involved in the aneurismal tumour, and an attempt was to be made to dissect it out, is it probable, nay, is it possible that it can be done without destroying the connection or continuity of these arterial branches? If not, admitting the soft pliable substance of the tumour to have insinuated itself into the osseous recesses situated in the fascial bones, so as to form what is called a root, how is a new aneurismal tumour or disease to be reproduced? To me it is (and perhaps no wonder) inexplicable, and therefore I ask for information. The truth is, I am "inclined to believe," with all due difference to the statement given by Mr. P., that through inadvertency, or some *other* cause, the true character of this compound disease (for I am not "inclined to believe" that it was simple) has not been *sufficiently* examined in all its features. Hence it may probably appear that two diseases, each distinct in its nature, have been confounded in one.

In order to determine this, I will, in the first place, briefly sketch my ideas of the appearance, situation, form, size, and extent of this aneurismal tumour; at least as it appeared to me when first examined. In this I shall avoid, as much as possible, technical phrases, and endeavour in a simple manner to make myself understood.

The appearance of Mr. C's face, when I first saw it, and at the time of operation, resembled that of a person having a tooth that threatens an imposthumation, with the difference, however, that the prominence of the cheek appeared more elevated than common in cases of swelling of the cheek from an imposthumation, or from an inflammation of the fangs of a tooth. The nose inclined a little to one side, viz. the right, as is very commonly the case when the face is swelled from an imposthumated tooth, particularly the canini, and when there is *no pressure* of any substance on the septum narium. The left eye did not appear to be involved in, or to be influenced by the enlargement or swelling of the cheek, nevertheless it was evidently more prominent than the right one, and somewhat elevated.

The aneurismal tumour, I am "inclined to believe," was not larger than a middling-sized lemon. It appeared to me to lie partly in the deep fossæ behind the tuber maxillare, and partly in the cheek; thereby giving a protuberance or swollen appearance to that side of the face; and probably occupied that portion of the maxillare branch, lying between the external pterigoid muscle and the posterior wall of the antrum, embracing also the lash of small branches only that spread over its surface.

The tumour did not extend downwards below the orifice of the parotid duct, or, in other words, below the crown of the anterior large molares, nor forward beyond the superior and posterior bicuspides. In the space between this point and the nose, there was *no appearance of a tumour*, nor any unusual or perceptible pulsation. The external wall of the antrum, it is true, was somewhat elevated or protruded, as in a lymphatic engorgement of the pituitary membrane, but *no appearance* of disease that indicates a *destruction* of the bone underneath, as, in almost all cases, that of *morbid granulations*, &c.

To this point alone, I am "inclined to believe," the whole aneurismal tumour was confined.

The tumour of the nose I did not examine so particularly, presuming that it was not immediately connected with the aneurismal tumour; I shall therefore offer no immediate remarks on its appearances.

But it may be inquired, since there was evidently an appearance of disease in the nose resembling polypus, what was the nature of this disease, and from what cause, or where did it originate? Mr. P. considers it as a part of the

aneurismal tumour, which "having begun behind the tuber maxillare, had *first entered the nostril*, inducing the belief that the polypus had formed there; that from thence it had, by destroying the posterior wall of the antrum highmorianum, passed into and occupied that cavity; that enlarging, it had protruded and rendered prominent the external wall of the antrum, which was by the surgeon removed, under the impression that the polypus had entered the cave of the cheek, and with the view of extirpating it."

This is the opinion, which it is said, he delivered to his "very intelligent friend Mr. Hayden," but which Mr. H. positively asserts he never heard nor saw, until upon the 113th page of the fifth vol. of the Medical Recorder, with the exception, however, of the lines first quoted, page 12, and which were delivered in the presence of Mr. C. on the first interview and examination of the case.

This opinion, however, I am "inclined to believe," is not altogether correct, and for the following reasons. In the first place, the aneurismal tumour having commenced behind the tuber maxillare, it is difficult to comprehend in what manner it made its first appearance in the nostril, unless it be said that *all* the branches of the internal maxillare artery were involved in this condition of disease; if so, the polypous appearance of the nose, being a part of the tumour, must in all probability have been formed of that twig or branch that is ramified upon the pituitary membrane of the maxillare sinus, for, according to the statement, it is not until *after* the appearance of polypus in the nose, that the posterior wall of the antrum was destroyed, and the tumour, from behind the tuber maxillare, entered the cavity of the sinus.

Lest I may be mistaken, I will again transcribe the expressions made use of. "The disease, having begun behind the tuber maxillare, had *first entered the nostril*, inducing the belief that polypus had formed there; that *from thence* (whence but from the nostril?) it had, by destroying the *posterior* wall of the antrum highmorianum, passed into and occupied that cavity."

Admitting the premises to be correct, we have reasons to believe that the branch sent to the nostrils, the lash of vessels at the back part of the eye, and also the infra orbital branch, were involved in the disease. In this case the latter would probably have manifested itself in this state or condition where it passes out upon the cheek. No such appearances, however, were discoverable, nor, I believe, were either of them even suspected.

In the second place, at the time that the first operation was performed upon Mr. C. with a view to remove the supposed polypus, no mention is made by Mr. C. of any hemorrhage that ensued.

It may be said that this was prevented by the pressure of the ligature made use of upon the vessels of the tumour. But admitting that a hemorrhage was prevented for a while by the ligature, is it probable that an artery or arteries, however small, in an aneurismal state (which is that of disease) would discover so great a disposition to heal up as to leave no apprehensions of its breaking out in an ungovernable hemorrhage, as soon as the dead portion of the tumour had fallen off? Indeed I should have been fearful of the consequences, *knowing* it to be an aneurismal tumour.

But suppose the vessels of the polypus or aneurismal tumour of the nose to have been actually obliterated, by the pressure of the ligature made use of in the extirpation of the tumour, what shall we say of an attempt to remove an aneurismal tumour by first removing the external wall of the antrum, and cutting *immediately into* the tumour, which, in the aggregate was "in size nearly equal to the head of a new-born child?"

Well might Mr. C. faint from the loss of blood. Indeed I should fear that he would faint never to revive again; for what, let me ask, was in such a case to stop the blood? Surely no one would presume to take up and tie the several terminating branches of the internal maxillare artery, through an opening made by a trephine; and unless this was done no dependance could have been placed upon compresses stuffed into the orifice, nor upon the ac-

tual cautery; for neither could have been made, through such an orifice, to reach the *seat* of the disease, because it was actually behind the tuber maxillare.

Such being the case, is it probable that the hemorrhage would be likely to stop spontaneously without a recurrence, admitting that the disease in the antrum of Mr. C., and operated for by the gentleman of Philadelphia, was in fact an aneurismal tumour? It seems to me impossible.

It is for these, and other reasons, that I am "inclined to believe" that the disease which existed in the nose and antrum of Mr. C., and operated upon by some gentleman in Philadelphia, was no part of the aneurismal tumour, but rather a consequence or an effect produced or occasioned by it. Hence I have been "inclined to believe" from the first, that the disease under which Mr. C. laboured was of two kinds, and distinct in their character. Under this impression, I observed, when first applied to by Mr. C., that the gentleman to whom his case had been submitted, had mistaken the disease, and had operated for the effect only, that the cause still existed.

It may be proper to observe in this place, that in making use of this expression, I by no means meant to impeach the conduct or judgment of those gentlemen, as has been supposed, or to question the correctness of their decision in this case. But if I had, I have not the vanity to believe that it would have attracted their notice in the smallest degree.

Whether so or not, having made use of the expression mentioned, *without knowing, at the time, who had performed the operation, or who was consulted in the case*, I consider it incumbent on me, while on the subject, to make the above declaration; and to observe moreover, that the course pursued by the gentlemen who were consulted in the case, was the only one which, under the *then* existing circumstances, would in all human probability have suggested itself, even were it possible, to those still more eminent in their profession: for who, seeing an excrescence high up the nostril, having the specific characters of a disease common to that part, and by no means unusual, would have thought of resorting to any other course than the one pursued?

If the result of their operations had indicated the existence of the same disease in the antrum, it was by no means without an example, since we have cases of polypi, fungous tumours, and diseases having the character of *ozena*, originating in the antrum, and appear *first* in the *nose*. Under such circumstances, what other course would have suggested itself but the use of the trephine, or some other instrument, to remove a suitable portion of the external wall of the antrum, to enable the operator to combat the disease? If on finding there no other indications than what had been presented in the nose, except that of the disease being more exposed to view, and less doubtful, in its character; who would have thought of an aneurism, either simple or complicated? And if such a thing had been suspected, admitting the disease of the antrum not to have been aneurismal, who would have thought of searching behind the tuber maxillare for its origin? Where is the parallel case? Is there one on record? If there be, where is the person, however acute his judgment or discriminating his talent, who would have recognised the aneurismal tumour at that stage of the disease, when in all probability, at least I am so "inclined to believe," the aneurismal tumour was not larger than a marble, or, at most, a common sized nutmeg, and that deep seated behind the tuber maxillare, producing no deformity or swelling of the cheek, nor manifesting any pulsation discoverable even by the tactus eruditus of the most skillful.

This being the case, where is the person who, if he resorted to any measures at all, would have pursued a different course with the smallest hope of a successful result? I am "inclined to believe" there is no one; therefore no blame or censure is attributable to the measures first pursued in this case.

I shall endeavour to explain my own views of the nature and origin of Mr. C.'s disease, and also of its consequences. In doing this I might, probably, derive some support in favour of my opinion by offering a few remarks on the constitutional temperament of the patient. But I shall dispense with these, and proceed to observe that, from the size and situa-

tion of the tumour, I was "inclined to believe" that it occupied the greater portion of the internal maxillare artery, between the temporal artery, and the posterior part of the antrum, including, probably, the terminating branches that are spread upon or over its surface. As soon as the artery began to assume the form and condition of an aneurismal tumour, it also began to destroy the posterior wall of the antrum, which, at that point, is very thin. As soon as this bone was destroyed, though but partially at first, the internal periosteum of the maxillare sinus, and the pituitary membrane which is attached to it, being broken up, take on a diseased condition, and form an incipient fungus, exerescence or tumour, which, in proportion to the loss of bony substance, and consequent irritation, increases in size and in vascularity.

It may be thought, by some, that this is rather a gratuitous supposition, and one that requires some facts for its supports. I trust there are not many who will doubt the truth of the assertion. If there are, however, we have frequent cases in point, of diseases of the mouth where tumours or exerescences of an extremely troublesome nature originate from this cause alone, and which well admit of actual demonstration.

It generally happens that where a tumour is thus formed by the loss of bone, it soon discovers a disposition to protrude itself through the opening, and occupy the cavity occasioned by the caries or otherwise diseased bone. This disposition would probably have been manifested in the present instance, had it not been for the constant pressure of the aneurismal sac or tumour against this part of the cavity, by which means the incipient tumour or fungus thus formed in the cavity of the antrum was thrown anteriorly into the cavity, and constantly increasing in size proportioned to the increase of the aneurismal tumour, it at length filled the cavity of the antrum, and protruded itself through the nasal passage into the nostril, exhibiting the unequivocal appearance of polypus.

Under this view it must appear evident that the polypous appearance of the nose, being connected with a portion contained in the antrum, was nothing more nor less than the effect produced by the aneurismal tumour, situated *immediately behind* the antrum highmorianum.

Hence I have been "inclined to believe" that the disease under which Mr. C. laboured, and for which he was operated on, was of two kinds, each distinct in its character. This is the opinion which I have uniformly entertained of the case from the first, and which I have communicated, at different times, to several medical gentlemen.

It will perhaps be asked by what means was the external wall of the antrum apparently elevated or burst up; the eye evidently protruded from its orbit? From what source proceeded the frequent and violent hemorrhages, if not from an anastomosing aneurism prevailing as well in the antrum as behind it?

It seems scarcely necessary to observe that the maxillare sinuses are often the seat of different diseases; among which are fungous tumours, polypi, cancer, &c. that the antrum is frequently filled up with these morbid exerescences: that these diseases are often seated in the periosteum or pituitary membrane of this cavity, that, in proportion to the increased vascularity, they press upon the thin bones of the *antrum* and occasion a partial derangement of some of them: that in this state the small vessels, which are distributed through, and form a kind of plexus upon the membrane, become varicose. In this condition hemorrhages are frequently a consequence, the degree and continuance of which will always depend more or less, perhaps, on the constitutional temperament of the patient. Moreover, the blood that is discharged from the vessels in this state, during the day, is sometimes discharged by the nose into the mouth during sleep, and on spitting it out, the patient is alarmed by what is considered as symptoms of organic disease.

Under these circumstances the thin bones which compose the walls of the maxillare sinuses are displaced. As the tumour increases and fills up the cavity, the orbiter plate, being very thin, is easily elevated, and the eye of course protruded. In this condition the parts will sometimes remain for a

long time, before any symptoms were manifested of the *actual destruction* of the surrounding bones of the face; but will any one pretend that these bones will withstand the action or pressure of an aneurismal tumour of such an extraordinary size for six years, which is the period of time from Mr. C.'s second operation in 1815, to that in 1821, and from the first operation probably seven or eight years? It may be possible, but I am "inclined to believe" it very improbable.

It may be said, even if we admit that the pituitary membrane and perosteum of the maxillare sinuses do assume this condition of disease, under any circumstances, and that the vessels in this state become varicose, that such frequent and violent hemorrhages could not arise from this state of the parts.

In reply, it may be observed that, although I am disposed to consider this as the real state and condition of Mr. C.'s disease, and that in this state very considerable hemorrhages do sometimes occur, it does not necessarily follow that the hemorrhages proceeded from this cause only, or that the disease was not that of an anastomosing aneurism.

It will be recollected that the disease has been considered, from the first, as being seated in the internal maxillare artery, involving, very possibly, the terminating branches *only* that were spread upon the posterior part of the antrum. As the disease became more and more developed, and the posterior wall of this cavity destroyed, these branches, that were originally ramified on the bone, were left without support, and pressed by the aneurismal tumour into the cavity of the sinus. As they increased in size and were disposed to bleed, the blood must necessarily be thrown into the cavity of the antrum, and out by the nose, and whether small or great in quantity, may be considered as the source of the hemorrhages by which Mr. C. was so long and so frequently disturbed.

Hence it will be seen that the disease may have been, *though much doubted*, an anastomosing aneurism seated behind the tuber maxillare; and that the disease of the antrum was that of a tumour or morbid excrescence arising out of an increased vascularity, and ultimately a diseased condition of the lining membrane of the antrum, occasioned by the pressure of the aneurismal tumour upon, and consequent destruction of, the posterior wall of the maxillare sinus.

