

ORIGINAL COMMUNICATIONS.

TUMOUR IN THE ANTRUM: EXTIRPATION
OF THE RIGHT SUPERIOR
MAXILLARY BONE.

By ELLIS JONES, Esq., Senior Surgeon to the Liverpool Northern Hospital.

JANE DAVIES, aged 44 years, a pauper, belonging to the Ruthin Union, North Wales, was sent to the Liverpool Northern Hospital, for the purpose of having the right upper jaw removed. She was admitted early in March of the present year. The patient attributed the origin of the disease to her husband, who, about eighteen months ago, in a momentary fit of passion, pushed his thumb into her mouth, and with the force of his fingers pressed violently against the anterior and posterior walls of the antrum. This violence at the time gave her considerable pain; and swelling of the right side of the face followed. These symptoms quickly subsided; but soon afterwards she observed a return of swelling and projection of the cheek, which had continued gradually to increase to its present size. There had always been a kind of darting pain through the tumour.

On her admission, the right side of the face was much larger than the opposite side. A hard conical elastic tumour could be felt, and had evidently caused absorption of the anterior wall of the antrum; it occupied a space extending from the zygoma under the orbit, along the nose, to about half an inch beyond the middle line. The tumour caused a slight projection of the roof of the mouth; and it felt softer to the touch there than it did anteriorly. There was no displacement of the globe of the eye; the skin of the cheek was loose and not discoloured; there was no oedema; and no pain on handling the part. She had lost all the teeth in the upper jaw, with the exception of one on the sound side, before the disease had commenced. The alveolar ridge was much absorbed. The tumour did not appear to interfere with the nasal duct, as the tears did not flow over the cheek, although the nostril was a little expanded, and the nose pushed somewhat to the left side. No part of the tumour could be seen within the nostril, or in the fauces. At first there was repeated bleeding from the nose, but none latterly. The growth of the tumour appeared to incline more towards the malar bone than towards the nostril, and downwards and backwards, pressing upon the palatine process, and forming a projection from the roof of the mouth. The catamenia had always been regular; and the state of health had always been good. It was difficult to say whether the tumour was of a malignant or a benign character; the feeling communicated to the touch at the cheek was of an elastic description, but at the roof of the mouth it was softer, evidently indicating that the palatine process of the superior maxillary bone had been absorbed.

After repeated consultations, it was determined, taking all the circumstances of the case into consideration, that extirpation of the jaw with the tumour afforded the best chance of relieving her of her malady.

March 29th. The operation was performed to-day at one o'clock. The first incision was made along the side of the nose, around the alæ, and down the commissure of the lip: one vessel required a ligature at this stage. The next incision was made from the zygomatic process to the angle of the mouth, with a sharp-pointed bistoury; it was afterwards enlarged towards the temple with a scalpel: at this stage, two vessels required ligatures. The skin over the tumour was dissected until the margin of the orbit was arrived at, when the cellular substance and the inferior oblique muscle were carefully divided between the eye and the orbit; the knife was directed by the index finger of the left hand, sufficient space having been cleared in the orbit. The infra-orbital artery bled profusely, and was secured by a ligature. The junction of the maxillary with the malar

bone was next separated, first, by the saw, and completed with the bone-forceps. The nasal process was next separated by the forceps. The soft palate was now divided with a scalpel at its posterior part; and an incision was brought out along the middle of the roof of the mouth. The forceps were now used, by introducing one blade into the nostril, and the other into the mouth; thus forcibly separating the palatine process from its fellow. By a little traction of the tumour, by means of the finger and the use of a curved pair of scissors, its posterior attachments were easily separated. Only one vessel needed a ligature after the removal of the tumour. Some lint was introduced into the cavity, which at first appeared of a formidable magnitude; and the flap was adjusted into its proper situation, and retained by four twisted and six interrupted sutures. No bandage was used. Chloroform was given to the patient before the operation was commenced; and she was placed completely under its influence, which contributed greatly towards facilitating its steps. There appeared nothing to indicate that it should not be used in a case of this sort, although considerable doubt existed as to its propriety, lest suffocation might follow; but the result has proved that this apprehension was unfounded. The woman was much better than could have been expected when she was placed in bed after so severe an operation. She displayed great courage before and after it; and never once gave signs of agony, except when the sutures were applied.

March 31st. The pulse was 70; the temperature of the body was natural; she did not sleep well on the previous night, in consequence of a profuse discharge of saliva from the mouth. Some pain was felt about the region of the stomach. There was redness of the flap just under the eye, with slight tumefaction.

April 1st. Pulse 104; she slept a few hours during the night, and felt more comfortable this morning, without much pain.

Union appears to have taken place along the whole length of the incisions. Three of the pins were removed. An injection was ordered to be administered, to relieve the bowels. She was directed to have eggs and wine for diet, with milk gruel. She was in good spirits; there was no discharge of saliva from the mouth.

April 2nd. Pulse 84. She slept some hours in the previous night. All the sutures were removed this day. She drank some milk and water with ease from the spout of a cup, with the left angle of the mouth. The bowels had been relieved from the action of the enema. There was some discharge of matter from the nostril; and the eyelids were glued together. The appearance of the cheek was the same as at the last report. She was ordered to have beef tea. She felt some pain in the forehead.

April 4th. Pulse 85. She had passed a better night. The piece of lint was drawn out of the mouth this day, having been there from the first. She complained of debility. The mouth was directed to be washed with chloride of soda lotion. The appearance of the parts was favourable. The eye was quite clear, without any sticking of the lids. She took liquid food freely.

April 8th. Pulse 60. She was able to-day to sponge her face, and wash out her mouth, and expressed great relief from the use of the chloride of soda lotion.

April 17th. She was able to walk about the ward. She spoke thickly, and rather indistinctly.

April 19th. She had been sick, and had vomited a small round worm. The pulse was good; but she felt languid.

April 20th. Some medicines which she took yesterday brought another worm away.

April 23rd. She was sitting up in the ward. A slight erysipelatous blush, which appeared a few days previously, was disappearing. She enjoyed her food.

April 25th. The inside of the mouth was quite healed. The palate bone, a part of the soft palate, and the uvula, were left. She was very much improved in her general health, and was to-day able to wash some articles of clothing for herself.

May 2nd. Since the last report the patient had rapidly gained strength and muscular power. She walked this morning a distance of a mile, and back to the hospital, to have a photographic likeness of herself taken, which is sent herewith, along with another which was taken previously to the operation being performed.



Appearance of patient before operation.



Appearance of patient after operation.

May 3rd. She was discharged from the hospital quite well.

The tumour was sent to be examined by Mr. Quekett, of the Royal College of Surgeons, who kindly transmitted the following opinion as to its nature:—"It appears to be wholly composed of fibrous tissue, which, in many situations, is being rapidly converted into bone; not bone of the kind usually occurring in fibrous tissues, but true bone, in which lacunæ are very abundant."

Liverpool, May 8th, 1855.

NOTES ON OPHTHALMIC DISEASES.

By J. VOSE SOLOMON, Esq., F.R.C.S., Surgeon to the Birmingham and Midland Counties Eye Infirmary; formerly Honorary Surgeon to the Birmingham General Dispensary.

[Continued from page 417.]

FATTY DEGENERATION OF THE LENS: A CASE IN WHICH NUMEROUS GOLD-LIKE OPACITIES (CHOLESTERIN) WERE DISSEMINATED IN A LENS THAT WAS, WITH THESE EXCEPTIONS, TRANSPARENT: CATARACTA SCINTILLANS: SPARKLING OR GOLD-LEAF CATARACT.

[Abstract of a paper read before the Queen's College Medical-Chirurgical Society, January 4th, 1853. The patient was examined by the members.]

In my paper on the Pathology of Foreign Bodies intruded within the Anterior Chamber of the Eye, it was remarked

that, in some of those accidents, the textures which first inflame are the choroid and retina; and that this was referrible either to their suffering concussion at the moment of the foreign body, or to their being, from some cause, the weaker structures, and consequently more susceptible of disease than the iris, which is, in the majority of cases, primarily inflamed. The narrative of the case of the young man, who presented himself for the inspection of the members of the Society, and who had also been examined by the clinical class at the Eye Infirmary, will illustrate one of the ways in which amaurosis will sometimes result from injury; and it will at the same time afford an instance of a most peculiar and rare form of lenticular degeneration—so rare, that at present no allusion has been made to it in the systematic works on ophthalmic surgery that have emanated from British surgeons, and which adorn the medical literature of this country.*

CASE XIX. Henry S., 23 years of age, a gun-lock filer at Wednesbury, of delicate appearance, fair complexion, and with brown hair and irides, applied to the Birmingham Eye Infirmary Nov. 25th, 1852, on account of acute conjunctivitis and dimness of vision, the result of a blow from the flying up of a piece of his work. He said that he had lost the sight of the right eye from a similar accident three years ago. I therefore considered his case important, and admitted him into the wards of the infirmary. The eye completely recovered.

Upon examining the right eye, which was amaurotic, in a clear light (the weather had hitherto been wet and cloudy), I discovered numerous minute shining bodies, of a golden colour, and as fine as grains of sand, scattered throughout the whole posterior part of the substance of the lens, which was in all other parts transparent. They were lustreless in the dark, and most evident in sun light; some of the bodies were planes. When the eye was quickly moved, a tremulous motion was imparted to them, but not to the iris. With this exception, they were stationary. The eyeball had lost its natural tension, indicating dissolution of the vitreous. The eyes appeared of equal size, but to the touch the right was less prominent. The posterior capsule of the lens was transparent; also the anterior one, with the exception of the superior half, which was traversed transversely by four opaque lines, of the shape of blood-vessels, of which they were the remains. The choroidal pigment appeared of normal blackness. The pupil was circular, of natural size, insensible to light, and nearly so to belladonna and its alkaloid. The iris was of a darker brown, and perhaps thicker than that of the corresponding eye; and it had lost somewhat of its normal lustre and fibrous appearance. In its structure I noticed something like a foreign body. The aqueous body and cornea were pellucid. Upon the sclerotica were numerous pink vessels, some of which were tortuous; some were not so, but terminated abruptly in dark spots or points, about one-eighth of an inch from the margin of the cornea. These spots were the result of a varicose condition of the choroid veins. The conjunctiva was injected to a trifling degree. The surface of the left eye presented dilated muscular arteries: its vision was perfect.

History of the Right Eye. "Whilst engaged", said the patient, "three years ago (1849), in gun-lock filing, I received a wound in the right eyeball from a portion of one of my tools, which broke in the using of it. The wound bled a little, but I do not know whether any metal penetrated within the eye. I was attended by a doctor, who applied leeches, etc., etc.; and, in about three or four weeks, pain and dimness of sight were removed. I could read, but a black oblong spot moved consentaneously with the eye, and somewhat interrupted my view of objects." The *musca* did not float about.

Two months after this period, the eye was inflamed, from exposure to cold. Under medical treatment, it got well.

* This omission has been supplied in the present year (1855) by Mackenzie.