Two incisions were made: one commencing within the angle of the jaw, and directed downward on a line parallel with the outer-eyelid-musculature; the second, forward, along the base of the jaw. The dissection in this case revealed, first, an enlarged lymphatic gland, which was removed; second, the digastric, stylo-hyoid, and stylo-glossus muscles, being cut and pushed aside; and, third, the superior pharyngeal constrictor, the floor of which was dissected, thus allowing the finger to reach and retract the gland. Twelve ligatures controlled the hemorrhage of the operation, and the patient is reported as having recovered completely in a month. Excision of the gland from within the mouth has been successfully accomplished by both European and American surgeons. In a gland well solidified by the surrhus expression, and possessed of a well-defined base, a cut or wire curet might be used with satisfaction.

Cystic Disease.—The formation of a cyst or cysts within the gland is of rare occurrence. In his own immediate practice the author has as yet never seen one. Virchow, in his volume on tumors, mentions them, however, as being of not infrequent occurrence. The treatment demanded is one of simple nature as applied to abscess or tumor. Should a cyst prove of malignant character, little harm results from mistaking it for, and treating it as, one of simple form: it will prove necessarily fatal. The diagnosis of a cystic tumor is to be made by touch.

Abscess.—Abscesses of monstrous significance are frequently met with in the tonsillar glands. These abscesses belong to the cold or chronic variety, being oftentimes two or three months in maturing, seldom attended with pain, and imparting to the overlying structure a dull white appearance, very characteristic. Such abscesses are to be treated from a constitutional as well as from a local stand-point. As a rule, to be used several times a day, hyoscine emetic seems equal to the compound mixture of capsaicum; § to 3/14 of water being employed. Internally, cold-water oil, combined with a daily dose of citrate of calcium, is found of the greatest service, and may be prescribed with great freedom.

An anecdotum of tonsillar abscess having the following history was treated and cured by the author some years back. The patient, a young married woman, was troubled by a swelling that made its appearance on the side of her neck just below the ear. After some three months, the enlargement extending down her neck, an abscess formed and discharged itself just above the clavicle. This abscess was under treatment by her medical adviser over two years, injections of different kinds being used daily. Examination for diagnosis was commenced by the use of a long and very soft silver probe, which, after repeated attempts to trace the track of the fistula, was finally brought in contact with a tonsillar gland. Cure was immediate on the removal of the body, this being effected by a femoral-like operation. No hemorrhage of consequence attended the ablation.
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introduction of a tube, or by hooks of wire, which pass around the neck, the patient will experience the greatest relief. When the tube is inserted, bleeding from the mastoid is prevented from entering the lungs by passing the person forward, the face downward; the vessel is then to be secured in the most convenient manner, with ligature if possible.

Tracheotomy—Tracheotomy, an operation often found compulsory in such cases, is not so difficult of accomplishment as at least the author has found himself able to perform it upon the living subject without assistance. Having the patient upon his back, with the neck extended, an incision is made directly in the middle line: this incision may be quite short, and is to be commenced immediately below the cricoid cartilage. Dividing skin, subcutaneous fascia, and the delinate layer of the deep fascia, the muscles running from the sternum to the cricothyroid and thyroid cartilages are met with. Seeking the interspace separating these, they are thrust and held to either side—easily done by using the handle of the knife and retractors. The thyroid plexus of veins is now brought into view, and this is to be carried wide or ligated, as seems most convenient. The isthmus of the thyroid gland if found in the way is pulled upward or, if necessity exist by reason of a very short neck, a double ligature may be passed, and being secured on either side, the bridge can be divided between. These manipulations bring into view the trachea with its rings. Stabilizing the tube by use of a teespoon, pulling it at the same time upward, one, two, or three rings are to be removed.

The operation thus accomplished, keep the incision open by use of wire loops, or what is much to be preferred, introduce a cannula and maintain it in place by a strip of tape. (Subdiv. 6, Plate I.) In performing the operation, it is necessary to bear in mind that occasionally the infective trachea is found lying upon the trachea, directly in its middle line. When this vessel is seen, it becomes necessary to throw a ligature around it. Observations in the dissecting-room would lead to the inference of the presence of the artery in this position at about one of six cases.

A superior thyroid artery may be cut out of place, or an anomalous distribution might be met with. In an instance occurring at the Hospital of Oral Surgery, much anxiety was induced by reason of hemorrhage arising out of an anomalous position supposed to be related with the vessel just named. The patient in this case was a man seventy years of age, where an operation was made necessary by a rapidly-growing tumor enveloping the larynx.

A complication occasionally met with in tracheotomy exists in the intussusception of a prominent thymus gland. In one particular operation done by the writer on the person of a child that body swelled with such prominence into the wound as to convey a momentary impression that the tissues to be dealt with was the lung. After some manipulation the gland was gotten rid of by

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being crowded beneath the mammary of the sternum. In the subsequent treatment of the case it gave no trouble.

With a view to convenient reference Plate IV is inserted. The anatomy of the parts involved, together with the several features of a tracheal operation, are so perfectly displayed as to render the hints afforded invaluable. Regarding the tube, seen in place, with its retaining tape bands (Fig. 6), it requires to be remarked, that, as furnished by the manufacturer, this is a double cannula, the object of the inner tube being to permit of easy cleansing. The author being possessed of considerable experience in the direction of these operations, advances it as his opinion that this inner tube is seldom a convenience but often an obstruction. By means of encasing a space within the outer tube it will readily be recognised as interfering to an extent with free breathing. By reason of this same interference it invites the clogging it is intended to prevent. In removing it, in cases where accretions are terminal, the first tube is occasionally withdrawn; a matter, the last, of little consequence in the later treatment, of a case, but demonstrating to a patient when occurring immediately after an operation. To remove the accretions a mechanical plan suggested originally to the author by Dr. Cohen will now be superceded; this consists in the use of a common wire brush such as is employed by smokers to clean their pipes; thrusting this into the cannula a simple turn eases among the tisles the sticky glutinous mass, bringing it cleanly away. These little brushes, made on the end of a long strand of wire, are to be bought in tobacco stores. The brush applies only when the secretions are fresh.

A cannula is to correspond in diameter with the trachea into which it is to be introduced; a common length is one and one-half inches. The windpipe opened, a tube is most conveniently introduced by means of a rubber bongie, the point of this leading the way, the tube following on the principle of a trocar and cannula. The tube in the trachea, the bongie is quickly to be withdrawn, it being recognised that while in the patient is unable to breathe.

A point of practical importance in operations of this kind perains to absolute exposure of the trachea before incision. Covering the tube is a sheath of cellular tissue; if this should be simply incised, without being stripped fully and completely away from the circumference of the tube, a fatal issue to follow is emphysema. From neglect of so simple an accomplished matter the earlier experience of the writer confirmed him more than once with distressing examples pulling out the integuments of the whole breast region.

A source of incomparable comfort to a patient who has undergone the operation of tracheotomy, is found in relieving the bronchial dryness, and irritability arising out of the new manner of respiration, by means of frequent atomizing of water or other grateful fluids. The practice is deemed necessary by the writer to the successful carrying through of his cases. To this end a steam atomizer is to be kept quite continuously at work, the
vapor being directed to the neighborhood of the patient, care being taken not to wet him. In the absence of the steam apparatus an ordinary cologne sprayer is made to take its place. Fluids found grateful are mixture of balsam, turpentine and glycerine, phialod naphtha much diluted, and very weak chlorine-water. Steam applied by the spout of a bottle of boiling water affords great relief to a patient; the application at first to be repeated every hour or two. Close attention is to be paid to cleaning of the tube, care to occur where not combustible by moisture. The writer has been hurriedly called from his bed at midnight to find a patient running frantically about a room gasping for breath, examination revealing a tube so clogged with tenacious mucus as to almost entirely obliterate its caliber. Such a case is relieved by supporting the cone in place by means of a finger placed against either wing, in using steam freely, and in picking away the glutinous mass by means of an ordinary hoe-form dental excavator. A tube, after having been in place two or three weeks, is to be taken out and replaced without difficulty or risk. Here it is cleaned without trouble.