

follows. The lip being held well out of the way by an assistant, an incision was made, extending from the central incisor tooth of the affected side back to the tuberosity, a similar cut being carried back on the palatine face of the tumor to the place of beginning: these cuts passed freely through the soft parts down to the bone, and circumscribed the tumor, with a reasonable margin to spare. The central incisor was next extracted, and, with the ordinary cutting-forceps, section was made through its alveolus, extending almost to the labio-nasal angle. A second pair of forceps was now taken up, and, by two cuts, the width of its blades, the involved bone was removed; the section extending, as is evident, from the situation of the left central incisor tooth to the tuberosity. Considerable hemorrhage attended the operation, although the section was well outside of the vessels involved, three ligatures being required. Treatment by excision of the bone was here necessitated from the implication of this structure.

After-Treatment.—The lady being of very full habit and of markedly sanguine temperament, magnesia sulph. \mathfrak{zss} was ordered the evening of the operation. As an opiate, morph. sulph. gr. ss.

Day after Operation.—Marked inflammatory action, attended with considerable swelling of the tissues of the face. Prescribed,

R.—Plumbi acetatis, \mathfrak{zij} ;
Tincturæ opii, \mathfrak{zij} ;
Aquæ, \mathfrak{zxxvj} .

Ordered a cloth wet with this preparation to be kept continuously upon the part.

Third day. Inflammation increasing; eyes completely closed from the great œdema of the lids; mag. sulph. reordered, together with hot pediluvia; eyelids heavily painted with tincture of iodine.

Fourth day. Erysipelas set in; the face looking like a glistening red ball; patient restless, nervous, and frightened; painted the whole face with tincture of iodine, officinal strength; the lead-water and laudanum continued; iron and quinine internally.*

R.—Tincturæ ferri chloridi, \mathfrak{zij} ;
Quiniæ sulphatis, gr. xxv.

Sig.—Fifteen drops in water every three hours.

* The author, for such erysipelatous inflammations, now always employs for local use the combination recommended of iron, quinia, and cinchona, recognizing a parasitic relation of the disease, and finding the application specific.

The micrococci of erysipelas have been demonstrated by Fehleisen (of Bergmann's Berlin clinic). A patient had been inoculated forty-five hours previously, and when showed displayed a typical erysipelas. The micrococci which had been here implanted were the product of more than thirty generations cultivated on gelatine, and could be considered entirely free from extraneous matter or germs. Of eight thus inoculated, only one failed to show typical results. The last trial in April was just as successful as the first during the previous August, and with the same culture. The one person on whom the experiment failed had suffered from an idiopathic attack but a short time before.—*Annals of Anatomy and Surgery.*

Also a diaphoretic:

R.—Liquoris ammoniæ acetatis, \mathfrak{zij} .

Sig.—Tablespoonful every ten minutes until the induction of profuse perspiration.

Sixth day. Erysipelas evidently yielding; iron and quinine; painting with iodine, lead-water and laudanum, continued.

Seventh day. Much improved; the erysipelatous redness gone; skin wrinkling; patient can see a little from one eye; continued the painting with the iodine, and the application of the lead-water lotion.

Ninth day. Inflammation all gone; patient quite comfortable; the exposed bone covered with a thin layer of healthy granulations; case progressing well.

Twelfth day. Patient attending to household duties; mouth of course very tender, but advancing rapidly toward a cure.

Twenty-fifth day. Patient may be called well; needs no further attention.

To complete the case, artificial teeth have been inserted, the plate being made to fill up the place of the lost bone. No one would suppose, in looking at the lady, that she had lost such a portion of the jaw. She remains well.

CASE, FIGS. 558a AND 558b. RECURRING EPULO-FIBROUS TUMOR.—These two views, from life, represent the case of a young lady as an epulic tumor appeared when first operated on, and as it reappeared and was reoperated on some four months after the first time.

The patient, nineteen years of age, and of much more than ordinary personal attraction, applied for treatment of the growth as represented in the first view. The necessity for an operation having been explained, the following suggestions were made. That a section be first cut which should simply remove the tumor and the alveolar process connected with it. If this should succeed, no deformity would result. If the growth reappeared, a second operation to be performed, this to ablate the bone proper, except a simple rim of continuity. Third, if this, too, failed, then complete section of the jaw to be made; this, of course, would be deforming, but it would be the only resource.

The first of the operations was performed; the bone outside the section looked healthy, and gave every promise of a satisfactory result. In two weeks healthy granulations had covered the part, and in one month the patient was dismissed cured. The following March—the operation having been done in December—a small tubercle appeared in the centre of the site of the original tumor, and in the course of three weeks half a dozen new lobules had sprung up. The second operation, as proposed, was now performed, the continuity and natural arch of the bone being preserved unbroken. This was successful. The patient remains perfectly well. The site of the removed bone is occupied by artificial teeth; not the slightest deformity is to be observed.*

FIG. 561.



Section of bone as first and afterward made.

* Sixteen years have elapsed.

Fig. 559.—This figure exhibits a case operated on by the celebrated English surgeon Mr. Liston. The following is a summary of it, given by that gentleman in a paper on "The Tumors of the Jaws:"

The patient had labored under the disease for eight years, and had been subjected to a partial removal of the growth when of inconsiderable size. The tumor was of fibrous nature as regards its disposition, form, and intimate structure. It differed somewhat, however, in outward appearance, in consequence of its exposed situation. The growth sprang originally from the gums and sockets of the incisors and canine teeth of the left side; at an early period it protruded from the mouth, unconfined and uninfluenced by the pressure of the lips or cheek. It had assumed a most formidable size and appearance, concealed the palate and pharynx, and gave rise to great inconvenience and suffering. The surface had been broken by ulceration, but on close inspection of the projecting part, and of that covered by the cheek, it was found to possess a firm consistence, and to present a peculiar botryoidal arrangement of its parts.

An operation proved perfectly successful.

CASE—not illustrated.—Mrs. S., of Camden, New Jersey; epulo-fibroma of left superior jaw. This growth was the size of a large walnut; it was of some eighteen months' standing; the bulging of the cheek quite deformed the patient. Lady had been confined with her fourth child five weeks before presenting herself.

Operation.—This was performed three weeks later. The tumor, or all that portion of it which was free of the bone, was cleanly excised with the scalpel, together with a margin of surrounding healthy tissue. This step exposed the bone, which was found carious. This was removed by the use of the gouge, little by little being cut away until healthy structure was reached. The surgeon recognizes such healthy structure both by its feel under the instrument and by its appearance; healthy living bone being white, studded with minute bleeding points. Hemorrhage during the operation was considerable, but was controlled, without ligature, by throwing alum-water into the wound from an ordinary syringe.

After-treatment.—Very little required; a wash of the permanganate of potash, five grains to the ounce of water, was given as a disinfectant, there being for a few days a somewhat disagreeable odor from a decomposing blood-clot. No antiphlogistic or systemic treatment of any kind was required, not a bad symptom having appeared, the patient being entirely well three weeks after the day of operation. In this case the floor of the antrum was removed and the cavity wholly exposed. At the completion of the cure the break was closed up.

CASE—not illustrated.—Mrs. T., of Philadelphia. Tumor of four years' standing; loose in structure, occupying one-half of the roof of the mouth, giving a most disgusting and threatening appearance. The growth had first appeared between the bicuspid and first molar teeth, and at the time of presen-

tation had entirely destroyed the inner alveolar plate of the portion of jaw with which it was associated. In raising the mass from its bed, all the underlying palatine process, so far as could be seen, was found diseased.

Operation.—This consisted in cutting away with the scalpel as much of the growth as possible, and completing the operation on the bone with the gouge; hemorrhage very profuse, the use of a compress being necessary for its arrestation, and this only effected after several hours.

After-treatment.—Very little required; some over-inflammatory action, which quickly and readily yielded to low diet for a few days, and a single dose of sulphate of magnesia. In three weeks the case was in condition to be dismissed.

These special illustrations, all of them, with the exception of the third, being without the pale of our first classification, are given because they serve to show that there is an order of fibrous tumors; or, on the other hand, an antagonizing condition of the system, which, fully appreciated, would afford to the surgeon an ability to prognose the result of operations on them with the same certainty as in the removal of a pulp-fungoid. To be able to distinguish this class, or species, or condition, would certainly signify a step gained,—one of the many to be made, without doubt, by those who shall come after us. But such ability to distinguish does not yet exist. We may infer, but we are not certain. No treatment is known but that of radical ablation.