RHINOPLASTY AND REMOVAL OF UPPER JAW.

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1. RHINOPLASTY.—On the night of December 15th, several men entered the dwelling of a country gentleman to seize firearms: when leaving, two of them presented revolvers at his head, while a third miscreant, catching his nose, cut it and a portion of the upper lip off with some sharp weapon. Dr. Walshe, F.R.C.S., of Clara, found him two hours afterwards very faint from bleeding, which had been excessive. This able practitioner put two sutures in the lip and dressed the wounds with carbolated oil, hoping that a plastic operation might be at once performed. The patient was, however, unable to reach Dublin till the 18th, when Mr. J. Hamilton and I advised that the sloughy and suppurating state of the wounds forbade operation then. The weapon had exposed half an inch of the nasal bones, removed all the gristly part except one-third of the left ala, and sliced off a piece of the lip as far as the red border and through half its tissue. The cut surfaces, especially that of the septal cartilage, granulated very slowly; and for this reason, and because the patient had to appear at the trial, the operation was delayed until March 25th. It may be mentioned that two of the ruffians were arrested—one just after the outrage, with great bravery by a neighbouring gentleman—and that they were sentenced to fourteen and seven years' imprisonment respectively. The relative advantages and disadvantages of the wearing of a false nose and of rhinoplasty having been put before the patient, he earnestly declared for the latter.

The operation was precisely that described in Mr. Hamilton's essay (Churchill and Fannin, 1864); and its success was in great part due to the unequalled experience of that surgeon, with which I was constantly aided. When the patient was fully chloroformed, the nares were plugged with lint, the edges of the remnant of the nose were pared with a narrow and thin-bladed knife, leaving a raw surface about three lines wide all round, and an angular notch was made on each side where the ala joins the lip and cheek. A triangular flap, with a pointed piece projecting from the centre of its base, had been marked out on the forehead, and it was somewhat larger than the space it was to fill, so as to allow for shrinking. Fortunately, the gentleman's forehead was a high one. The knife was carried round this, and then the flap was peeled down, the pericranium being left. Had the nasal bones suffered, I should have taken down this bone-forming membrane, being convinced by Mr. Stokes's paper (*Dublin Journal*, May 1865) of the value of that plan. The stalk was one-third of an inch wide and two-thirds long, reaching to the centre of the nasal bones. Iced-water checked all bleeding in twenty minutes; and then the flap, twisted from right to left, was fitted over the pared edges. Four silk sutures were put in on each side, those between the angles of the flap and the notches made for them being first inserted. A stout twisted suture was fixed between the eyebrows—for the corrugator muscles strongly pulled the gap asunder—and another was put across each of the upper angles. The skin of the forehead being loose, the wound was reduced to an irregularly triangular space, with sides less than an inch long. Just after the flap was arranged, it was very cold; but natural heat was restored in about three hours.

On the fourth day, adhesion being complete all round, four of the stitches were removed, and on the next the remaining four, and the three twisted sutures were taken out. The wound in the forehead healed so slowly that it was two months before it was wholly skinned over; but it is so level that scarcely any deformity results. The central bit, having curved back, looked like a septum.

On May 4th—that is, six weeks after the first operation—we proceeded to make a columna, the scarred state of the centre of the lip giving additional reason for such a step. The frænum having been freely divided, an angular piece was cut out of the centre of the lip four lines wide above, and its point reaching within two lines of the red border. In persons with shorter upper lips, the taking of the piece all down would be a better plan. The sides of the wound were brought together by two twisted sutures. The point of the piece was cut off, the angle from the forehead-flap pared, and the equal surfaces thus formed were held together by a single stitch. Union having taken place, the stitch was removed on the third day; but a few hours afterwards, during a very violent fit of sneezing, the two portions of the columna were torn asunder. However, they remain in close contact, save during a forced inspiration; and the mucous surface having gained the appearance of skin, a very good columna has been formed. The right nostril having contracted greatly, an oval piece was cut from around it, and in

doing so the new structure was found very hard, or even cartilaginous. The opening was afterwards kept dilated with a round plug of lint, rolled hard, which was changed twice daily.

At the present time, the nose has an excellent colour; and, but for the thick neck of the glabella, is very shapely. This neck shows the twist, but it is healed behind and lies flat on the original bridge. The owner and his friends are thoroughly satisfied with the feature, and he declines for the present the division of this neck of skin. Rhinoplasty is, indeed, an operation which demands the utmost patience on the part of him who suffers it and of him who performs it.

2. REMOVAL OF ENCHONDROMA OF UPPER JAW, MALAR AND NASAL BONES.—Bridget O'Donnell, aged 33, was admitted into my wards in St. Vincent's Hospital April 30th, on the recommendation of Dr. Cahalan of Tipperary. She stated that, when about eight years old, the left upper jaw began to swell, and continued to do so for the ensuing twenty-two years very slowly. Two years since, the swelling rapidly grew, and became painful. We found the tumour very extensive, externally involving the malar bone; internally, it passed the nasal suture, and pushed the nose very greatly to the right; upwards, it projected in front of the eye, but the floor of the orbit was not much distorted; while downwards it had very slightly depressed the palate and alveolar portions of the jaw. Its extent in front is best indicated by the following measurements: from nasal suture to occipital protuberance—healthy side, 9½ inches; diseased side, 13½ inches; from internal angular process of frontal to edge of lateral incisor—healthy side, 3½ inches; diseased side, 5½ inches. The upper eyelid was rolled inwards, and the lower dragged towards the malar bone; and the conjunctiva was, therefore, much inflamed. The eye was nearly sightless. The mass felt extremely hard, except at the centre, where a projection as large as a walnut yielded in a somewhat elastic way.

As the patient was healthy, and as the very slow growth and characters of the tumour proved it to be an enchondroma, it seemed a suitable case for operation; and as the disease had sprung from the front of the antrum, I hoped to save the orbital and palate plates.

The patient being firmly fixed by rollers and a crossbar in an arm-chair slanting at an angle of thirty degrees from the floor, and chloroform having been administered, I cut from the nostril through the lip along the left edge of the filtrum. As I had twice removed the upper jaw with no other external incision, it seemed possibly sufficient for this case; but the thinning and close adhesion of the skin compelled me to continue the incision along the side of the nose to the internal angular process of the frontal. The soft parts were then stripped from the tumour, the knife being kept close on its bony surface. The central projection was found covered at one point by thick periosteum only; and, on cutting this, white semifluid stuff like arrowroot came out. The cheek being held upwards and outwards by retractors, a narrow saw was used for making a groove along the line of the alveoli, and another just below the edge of the orbit. The division of bone in all other directions was made by the strong flat-bladed shears described in Butcher's *Surgery*. That gentleman lent me this instrument, and, together with many other able operators, aided me. I first cut the mass from the outer angular process of the frontal; then from its inner angular process; thirdly, I united these in the groove already made along the orbital edge; and, lastly, one blade of the shears was thrust into the nose, the other fitted into the groove above the alveoli; and the section of the bone was completed by closing the blades with great force. Grasped in the fingers and twisted, the mass came away. Some cartilaginous matter, that was attached to the nasal aspect of the palate-process, was scraped off, and the remaining surface touched with a cautery-iron. There was scarcely any bleeding in any step of the operation; and the chloroform was, therefore, used throughout. Brandy was freely given when the tumour was pulled away. The thinned skin was so loose, that twelve plugs of lint, with threads tied round them, had to be stuffed into the cavity to support it. The removal of these was afterwards very troublesome; for, the cheek having united to the cut edge of the bone above the alveoli, they could pass out only through the nostril. They should, whenever possible, be dispensed with. Two twisted sutures in the lip and five stitches along the nose having been inserted, the patient was placed in bed; and thirty grains of hydrate of chloral were given, for I have found that drug most valuable in operative and traumatic cases. The sutures were removed on the fourth, and all plugs on the eighth day; the nose and cavity outside it having been washed out twice daily with a solution of permanganate of potash. At the present time, three weeks after the operation, very little deformity remains; the distortion of the nose and eyelids having been almost wholly remedied. Vision is slightly improved in the eye of the affected side.

The specimen is a typical one of enchondroma, save that the expanded bone is much thicker than usual.