THE EMPLOYMENT OF SILVER WIRE TO BRIDGE THE GAP AFTER RESECTION OF A PORTION OF THE LOWER JAW.

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THE very distressing deformity, the complete loss of masticatory power, and the constant dribbling of saliva which follow the removal of a considerable segment of the lower jaw, are only too well known, and constitute a serious objection to this operation. The desire to overcome these disabilities prompted me in the following case to bridge the hiatus with silver wire, and the gratifying result obtained must be my excuse for sending a report of it for publication.

H. H., aged 9 years, was admitted to the Sheffield Royal Infirmary for a tumour of the lower jaw which had been growing for nearly two years. The growth involved the alveolar border and upper half of the left side of the body of the mandible from the site of the first molar tooth backwards for about 2 in. It had obviously started in the interior of the bone and grown upwards. Two enlarged glands could be felt in the submaxillary triangle. A small portion of the tumour was removed and examined by Professor Beattie, who reported it to be a small round-celled sarcoma.

In view of the pathological finding it became necessary to

Fig. 1.—Tumour and portion of lower jaw resected.

resect widely the involved area of bone, and to remove the lymphatic glands in the submaxillary triangle.

Free exposure was secured by carrying an incision from the left angle of the mouth downwards and backwards to the neck. The bone was divided in front at the level of the left canine tooth, and behind just above the junction of the body with the left ramus, and the tumour together with 2 in. of the body of the jaw, as shown in Fig. 1, removed. The periosteum covering

Fig. 2.—Diagram to show position of wire. A = Silver wire.

the lower border of the excised segment was carefully preserved. The resected surfaces of the lower jaw were pierced with a drill to the depth of $\frac{3}{8}$ in. The drill hole in the body was horizontal, and placed near its lower margin, so as to miss the teeth roots; that in the ramus was vertical and somewhat posterior to the mandibular foramen. The ends of a suitable length of stout silver wire were jammed tightly into the drill holes, and the wire completely covered by suturing together the mucous membranes of the cheek and the floor of the mouth over it. The diagram (Fig. 2) indicates the position and curve of the wire.

A small drain tube was placed in the neck end of the wound and retained for forty-eight hours, and the mouth was rinsed frequently with hydrogen peroxide solution. A little pus formed in the track of the tube, but the wound in the mouth healed quite kindly.

At the present time, except for the skin scar, there is, as the photograph (Fig. 3) shows, absolutely no external deformity. He can open his mouth almost to the full, and

Fig. 3.—Patient after recovery from the operation.

when the jaws are closed the teeth on the right side meet accurately those in the corresponding side of the upper jaw. He is able to bite soft things, and has to be restrained from attempting greater masticatory feats.

I think it is probable that new bone may form around the wire from the preserved periosteum and still further strengthen the mandibular arch.

Unfortunately the majority of cases in which wide resection of the lower jaw is called for are not likely to benefit by the adoption of this procedure. To be successful the wire should be completely buried in healthy tissue, and the wound should heal kindly. These conditions are seldom, if ever, attainable in operations for epithelioma, which is much the most common lesion for which resection is practised.

A CASE OF "GIANT FEET."

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THE subject of these illustrations is a boy of 4 years of age, who came under my notice early this year.

The history, as given by the mother, was as follows: At birth he was apparently a normal child, with the exception of the deformity of the toes and some enlargement of the ball of the left foot. At the age of 6 months the child was vaccinated, and about the same time the lumps in the leg and groin appeared. She first noticed the swelling in the left groin, and thought the child was ruptured. Gradually the enlargement extended towards the armpit, the arms at the same time getting thinner.