V.—*Recurring Cases, First Operated on Elsewhere (6 Cases: of which 3 are probably well and 3 died of recurrence).*

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
J. P.	M.	58	1905	Growth on lip removed 3 months before; one enlarged gland in neck; removed.	Died in 1906 of recurrence.
J. W.	M.	47	1905	Growth on lip removed 2 years before; glands in neck; found to be too extensive for removal.	Died a few months later.
W. S.	M.	54	1906	Growth of lip removed in 1900; recurred in lip; removed; no glands felt.	Writes, Feb., 1910, cured.
J. C.	M.	(?)	1908	Growth of lip removed in 1906; extensive glands found and removed; carotid, jugular, and probably vagus divided.	Died 5 weeks later.
W. B.	M.	70	1908	Growth of lip removed in 1905; small recurrence in lip removed; no glands felt.	Writes, Feb., 1910, cured.
H. C.	M.	61	1909	Growth of lip removed 6 months before; enlarged glands, extensive; these were removed.	From a vague letter I gather that he is well.

EFFECT OF A DENTURE AFTER EXCISION OF THE UPPER JAW AND SEPTUM NASI.

By **RUSHTON PARKER, M.B., B.S., F.R.C.S.,**
PROFESSOR OF SURGERY IN THE UNIVERSITY OF LIVERPOOL.

It is well known to surgeons that the removal of the upper jaw is frequently attended with very little outward deformity. Such deformity is not always much increased by removal of the opposite bone, provided the nasal septum remains as the support of the nose. But if a part of the septum be taken away, the nose falls in, and great deformity results, whether one or both upper jaws be removed.

Fig. 1 shows the great distortion and falling-in of the nose in a case where the right upper jaw, septum, and part of the left had to be removed (1878). Ten days after

Fig. 1.

operation an india-rubber ball was placed in the gap to support the cheek and nose. This answered its purpose perfectly for a time, but was not persevered with, and so deformity was not prevented. In May, 1909, through an incision of the upper lip into the right nostril, continued up the cheek by the side of the nose, I excised the right upper jaw of a man aged 39, for a form of epithelioma, which healed very simply and well, but reappeared some nine months later, showing granulating masses filling both nostrils. The lip portion of the scar was cut through again, and all the growth removed, involving the lower part of the nasal septum, and the mucous membrane of the right nasal cavity in detached areas up to the roof. The growth was entirely papillary in character, and only ulcerated where exposed at the nostrils. The microscopical characters, as shown in slides made by Messrs. J. M. Bligh and G. Lissant Cox, exactly resembled that described as "papillary epithe-

lioma" in Ziegler's *Pathological Anatomy*, 11th German edition, vol. i, plate 316.

Immediately after the operation, having wiped the cut surfaces with chloride of zinc solution 40 grains to the ounce, I placed a small sponge in the gap to support the nose, which was now loose and falling in.

The sponge had to be removed next day, or it would have adhered permanently, and a small india-rubber ball was inserted, followed by the denture, made for him after

Fig. 2.

the previous operation by Mr. Tindal (of Messrs. Royston Matthews and Bates, Liverpool). This answered the purpose mechanically, but was very uncomfortable, and, although the ball was changed for a smaller one next day, it was still uncomfortable, and was at once removed. The presence of the plate, however, filling the gap in the right half of the palate, was found to be alone a great comfort, and for the moment the loose state of the nose was partly remedied below.

The patient was so little affected by the operation that I allowed him to sit up the day after, and, as he wore the plate that day, he was able to eat bread and milk at once, and to pass from slops to ordinary diet in a very few days. Moreover, the discharge of blood having now ceased, the rather free secretion of mucus became less after insertion of the plate—a conspicuous contrast noticed by the patient on this as compared with the previous occasion, when it lasted many days.

I therefore got Mr. Tindal to enlarge the denture upwards, so as to jut into the gap made in the septum. This he did four days after operation. The effect was very striking. Not only was the denture now much more firmly steadied in place, not having to rely on the one-sided hooks around the left upper teeth, but the patient spoke highly of the increased comfort derived from the immediate cessation of mucous discharge. The early insertion of the denture no doubt kept the parts warm by lessening the current of air through the nose. Patients whose nostrils have been closed entirely by cicatrization after scraping away lupus and other ulcerations, are not under any inconvenience through not being able to "blow their nose." The act is unnecessary, as not enough mucus forms to be "blown."

The existence of this well-fitting denture before the second operation permitted its insertion at the unusually early period of the fifth day; and the absence of the invalid state enabled the patient to go a short distance to have it enlarged. It must probably be seldom that a denture could be fitted early enough after operation to prove as useful as in this case; but this fact, new to me, is worth recording as a help in the after-treatment whenever circumstances permit its adoption.

REMARKS.

The work of dentists in preparing dentures for the patients of surgeons is seldom heard of in any detail in

the clinical records of cases. In this case the denture after the first operation was anchored to the left upper teeth, this sole attachment being from the nature of the case insecure, and a source of strain and discomfort to those teeth. The upward peak in the alteration not only steadied the whole denture and lessened the strain, but proved a great help in unexpected ways, preventing the secretion of mucus and the formation of scabs, besides putting an end to all discomfort. The patient herself irrigated the nostrils after meals, and at other times with warm salt solution without removing the denture.

Fig. 2 shows the denture, and the upper limit of its first shape, which was flat topped, above which is the "peak," since added.

AN IMMENSE RENAL CALCULUS.

By GEORGE W. ORD, M.R.C.S., L.R.C.P.,

RICHMOND.

THE case of which the details are here given is of great interest for the following reasons: (1) The presence of calculi in both kidneys. (2) The size of the large calculus; the skiagram gives a shadow of $4\frac{1}{2}$ in., and the actual stone, when removed, measured $3\frac{1}{2}$ in. by 2 in. by 2 in. (3) The comparatively small amount of discomfort and pain considering the size and irregularity of the stone. (4) The extremely healthy appearance of both the kidneys at the operations. (5) The separation of the calculus into two large and one small fragments, articulating by facets, and, in a way, resembling a knee-joint with patella. The joint was movable in a front to back direction, and was evidently flexed whenever the patient bent her back. This capacity for flexion doubtless prevented much of the pain.

A. O., female, aged 30, single, by occupation a cook, was first seen on May 19th, 1906.

Family History.

Parents both alive. Mother suffers from asthma.

Previous History.

She had scarlet fever when 12 years of age. Used to cry after school from backache aged 10-12. Her mother called the pain in her back "lumbago" when she was 19.

Present Illness.

She had renal colic six years ago—small stones passed. Had had two attacks since, the last four months ago. Blood passed only on these occasions; calculi phosphatic in appearance. Had had two attacks of asthma (? renal) one two years ago, the last a month ago.

General Condition.—This is exceptionally good. She is healthy and wholesome in appearance, well able to do her work, but has some backache, sometimes with long intervals of freedom from discomfort; can walk four miles comfortably; catamenia regular.

Urinary System.—She passes 30-40 oz. of urine daily, specific gravity 1012; urea 2 per cent.; slight amount of albumen; small deposit of pus, alkaline in reaction. On microscopical examination crystals of triple phosphates and pus cells were seen. Micturition is normal in fre-

quency except after colic or asthma, when it is increased. With regard to the lumbar pain; when it does come on, it lasts three or four days very severely. The pain is very sharp, more so in the right kidney than in the left, and more aching in the right. She likens the pain, when present, to a "jumpy toothache."

Treatment.

Treatment consisted mainly of the administration of glycerine in large doses when pain was present, a tablespoonful or two tablespoonfuls in three times its bulk of water, the pain being greatly relieved thereby. Feeling certain that the kidney contained more calculi than she had passed, I sent her to Dr. Greg at St. Thomas's Hospital for x-ray examination, and his skiagrams showed the following surprising condition of affairs: Right kidney: A huge shadow, larger than the size of a normal kidney. Left kidney: Four or five large calculous masses.

Operation.

She was admitted to St. Thomas's Hospital. The right kidney was operated on by Mr. Clutton on June 30th, 1906, and a large calculus and five smaller ones from the calyces removed. The kidney appeared quite healthy, and was returned to the abdomen.

The patient made a normal recovery.

The excretion of urine previous to the operation was 44 oz. to 75 oz. daily, and on the days following the operation: 1st day, 17 oz.; 2nd day, 36 oz.; 3rd day, 59 oz.; 4th day, 43 oz.; 5th day, 77 oz.; 6th day, 63 oz.

Second Operation.

On November 2nd, 1906, the left kidney was operated on.

Extract from Mr. Clutton's letter:

There was an immense number of small stones in left kidney, some in pelvis, and some in the cortex, the latter requiring separate incisions. There was plenty of renal tissue, so the kidney was returned to the abdomen.

Excretion of urine previous to operation 133 oz. to 49 oz. daily. After operation: 1st day, 23 oz.; 2nd day, 67 oz.; 3rd day, 36 oz.; 4th day, 87 oz.; 5th day, 61 oz.; 6th day, 34 oz.; 7th day, 40 oz. Normal recovery.

The description of the calculi from both kidneys is as follows: Those from the right kidney weighed 118 grams ($3\frac{1}{2}$ oz.), no nucleus, bistre in colour, easily friable and porous, surface rough. The largest calculus, measuring

$3\frac{1}{2}$ in. by 2 by 2 in., had been fractured about its middle some time previously, and a regular articulation had resulted, somewhat resembling an infant's knee-joint, patella included. The composition of the calculi was as follows: Calcium, sodium, and magnesium phosphate and carbonate. The calculi from the left kidney weighed 14½ grams.

After-History.

The after-history of the case was as follows:

The patient left the hospital in January, 1907; continued as cook till May, 1908; left her situation and was married in June, 1908.

Fig. 1.—Skiagram (reduced in size) of calculus in right kidney.