The quantity of fluid feces contained in the intestinal canal was, probably, not less than three quarts; the smell almost intolerable.

Ottery St. Mary.

CASE OF AMPUTATION OF THE LOWER JAW.

By WILLIAM HEY, Jun., Esq.,
Surgeon to the Leeds Infirmary, &c.

Mary Marshall, aged thirty-five, unmarried, was admitted into the Leeds Infirmary, February 5, 1840, on account of an enlargement of the lower jaw on the right side. The tumor was about the size of a large walnut, extending from the second bicuspid tooth to near the angle of the jaw. It occupied the space between the gum and the cheek, pushing out the cheek, but did not encroach upon the cavity of the mouth. It appeared to consist of a cyst developed in the substance of the bone, by which the external table of the jaw was expanded and rendered thin, so that upon examination it yielded under the finger with a sort of crepitation like parchment. The soft parts were not affected. On making a puncture between the gum and the cheek, with a view of ascertaining the nature of its contents, a yellowish serous fluid flowed out. I determined, in the first instance, to try the effect of a seton, which was passed through it from within outwards, the external opening being at the lower edge of the jaw, and in the most depending part of the tumor. The effects which I hoped for from this proceeding were—first, that the cyst, being kept empty, its parietes would collapse; and secondly, that the presence of the seton would so far change the action of the membrane lining the cyst, as to put an end to the secretion. It was retained for about six weeks, during which time the tumor was considerably reduced in size, and the discharge diminished in quantity, and it was then withdrawn. After it was withdrawn the external opening closed, and the tumor became larger again; but it did not increase beyond its original size, as the internal wound remained open. It was then my wish to lay open the cyst to its full extent, and either remove it, or to adopt some means for destroying or changing the action of the secreting surface; but she declined undergoing any further operation at that time, and after a while discontinued her attendance at the infirmary.

On the 16th of August, 1842, she again presented herself at the infirmary, in the following condition:—Since I last saw her she has been under the care of a quack, who has applied caustic to the tumor externally; the consequence of this is an opening in the cheek, about the size of a shilling. The integuments adhere closely to the edges of it, and it communicates with the interior of the bone. There is a very copious discharge from it of a yellowish serous fluid, similar to that which the tumor contained when it was first punctured. The tumor now occupies the whole of the horizontal branch of the lower jaw, to within about half an inch from the symphysis, the ascending ramus, coronoid process, and condyle. The inner table is also expanded, as well as the outer, so that

the tumor encroaches upon the cavity of the mouth, and descends to a level with the lower part of the larynx.

It was evident that nothing short of the removal of the entire diseased bone would be of any service to her, and she consented to the operation, which was performed on the 29th of August.

In order to avoid the danger of syncope during the operation, the patient being in a very reduced state of health, she was placed in the recumbent position. The opening in the cheek was a source of some embarrassment, but it was decided, in consultation, to proceed without any regard to it, and, therefore, it was not included in the line of the incision. The incision commenced at the point where the lower lip becomes attached to the jaw (in the mesial line), and was carried in a direction nearly perpendicularly downwards to the point of the chin, and thence along the lower edge of the jaw, with a semicircular sweep at its angle, up to the condyle. The whole of this incision, however, was not made at once. In order to spare some effusion of blood, in consideration of the weak state of the patient, I only carried the incision in the first instance so far as to enable me to cut through the bone. This was done by notching it with a saw in the line of the first incisor tooth of that side, which had been previously extracted, and then completing the division with the cutting forceps. I then carried on the incision to the condyle, and completed the separation of the tumor from the soft parts. On laying hold of the bone, and depressing it, to facilitate the disarticulation, the shell of the ascending ramus was so attenuated that it gave way, and became completely separated from the condyle and coronoid process, which were dissected out afterwards. The flap was then laid down, being supported by dry lint introduced into the cavity which had been previously occupied by the tumor, and secured in its position by the interrupted suture. No twisted suture was required, the free part of the lip not having been cut through. A good deal of blood was lost during the operation, at the conclusion of which the patient was so much exhausted that it was a considerable time before it was thought prudent to remove her from the operation-room to her ward; but after reaction was established she had no unfavorable symptoms. In one week the wound was united throughout its whole extent, excepting one small portion, which had been purposely left open, to allow of the escape of any discharge that might occur. She left the infirmary on the 28th of September, at which time the hole in the cheek, which had been made by the caustic, was nearly closed. The wound made in the operation had been quite healed for some time previously.

March 29, 1843. She came to show herself to me at the infirmary. She has no symptoms of any return of the disease; the hole in the cheek is contracted to little more than a point, and there is very little deformity.