le Traitement de la Manie Atrabiliare, comparé à celui de plusieurs autres maladies chroniques, et sur les avantages de la méthode évacuante. In these instances it seems not improbable that the absorption of matter from the bowels is one source of the derangement.

Certain febrile disorders, which originate without being traceable to any specific contagion, may take their rise in the poisonous gases of the bowels, and this is rendered more probable from the circumstance of their being often preceded by long-continued mental uneasiness, and other causes which are known to embarrass the functions of digestion. Little need be said of the treatment of these cases; for it may here be remarked, that increased precision in our knowledge of disease does not necessarily carry with it any more effectual means of combatting derangement, and we are often obliged to continue the same measures which were adopted when less correct notions were entertained. The occasional exhibition of calomel or blue pill, followed by suitable doses of the sulphate of magnesia, are usually found efficacious. In many instances the enema of warm water, or soap and water, may be used with advantage; and of course every attention should be devoted to the condition of the stomach, both as to the quantity and quality of the ingesta. These subjects, however, have been so exhausted by writers of all descriptions, that I shall not fatigue the professional reader with suggestions which must readily present themselves to his own mind.

The alkaline sulphurets seem to produce their poisonous influence by the sulphuretted hydrogen which is occasioned by their decomposition. "In a case related by Dr. Chartourelle, where four drachms were taken (of the liver of sulphur), so rapid and abundant was the disengagement of the sulphuretted hydrogen, that the patient died from asphyxia."*

The alkaline sulphurets were formerly given as antidotes to the metallic poisons, but are in themselves highly dangerous. The best antidote for the sulphurets is the administration of common salt (chloride of sodium), which acts by decomposing the sulphuretted hydrogen, the cause of their fatal properties. Common sulphur is well known to be harmless. The gas exhaled from ordinary privies is too much diluted to be noxious. Thackrah states that the nightmen of London are generally healthy. "Appetite, they declare, is increased by the effluvium."†

Broughton Nov. 6, 1843.

* Beek's Medical Jurisprudence, p. 719.

† The Effects of Arts, &c., p. 62.

OVARIAN DROPSY.

Mr. Southam, of Salford, has been successful in an operation for the removal of an ovarian tumor. It weighed four pounds and a half. Mr. Southam is decidedly in favor of the *long* incision through the abdominal parietes.

TWO CASES

OF

EXCISION OF THE UPPER JAW.

By SAMUEL SMITH, Esq.,
Senior Surgeon to the Leeds General Infirmary.

[Reported by Mr. Wollaston.]

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As the case of Arabella Leeming was seen at the infirmary, during the meeting of the Association in this town, by several eminent surgeons, who expressed a wish to know the result of the intended operation, and as a second case came soon afterwards under Mr. Smith's care, I have been requested by him to report the two cases for the Journal of the Association. Hoping you may find them worthy of insertion,

I remain, Gentlemen,

Your most obedient servant,

W. O. J. WOLLASTON.

CASE I.—Mary Whitaker, of Wakefield, twenty-one years of age, unmarried, works in a worsted-mill, and is in tolerable health; was admitted a patient under Mr. Smith, August 14, 1843. She states that about three months ago, without any apparent cause, a small tumor, about the size of a bean, very hard, but without discoloration, made its appearance on the right ala of the nose; it was soon afterwards felt in the palate, and has continued gradually but rapidly increasing to the present time. During the middle period of its growth she experienced much severe lancinating pain, extending from the tumor to the ear and head, but latterly this has much abated.

Present Condition.—Her general health is good; there is a large, slightly elastic tumor on the right side of the face. It commences anterior to the maxilla, at the second left incisor, extends along the whole jaw, half an inch above the alveolar process, to the third right molar; from thence, in a semicircular direction, to the middle of the lower anterior border of the orbit, the inner half of which it involves, and then encroaches on the nose, which is so much pushed to the opposite side by it, that both nostrils are completely obstructed. She can only see with the right eye objects which are on a level with it, the range of vision of the left eye being circumscribed by the great elevation given to the nose by the tumor. The skin on the apex of the tumor is inflamed, and many enlarged veins traverse it, giving it a suspicious appearance.

Measurements.—From the malar bone to the tip of the nose—right side, four inches and a half; left side, two inches and a half. From the inner angle of the eye to the angle of the mouth—right side, three inches and a half; left side, two inches and a half.

A small tumor, the size of a pigeon's egg, occupies the roof of the mouth on the right side, but it is confined to the maxilla. In consultation, it was decided to operate by excision of the jaw, as the only chance for preserving her life, although suspicions were entertained the disease might be of a malignant nature.

The day previous to the operation, Mr. Smith, thinking there might be some difficulty in replacing the divided parts *accurately* to each other, made

several dark lines on the cuticle, crossing the intended incisions at right angles. These lines were made by pressing the edge of a card, which had previously been wetted with a strong solution of lunar caustic, upon the skin. The advantages resulting were very great, as the proper adaptation of the flap to the cheek could not have been accomplished so accurately without this previous proceeding.

Operation.—Aug. 18, 1843, One, p.m. The patient was supported in a chair in front of the operator; a lateral incision was made in the mouth, commencing behind the right dens sapicaticæ, extending along the palato maxillary suture to the median line of the palate; it was then continued in that line to the gum, where the second left incisor had been previously extracted. The point of the bistoury was now inserted through the integuments over the nasal process of the superior maxilla, and an incision was made by the side of the nose (avoiding the cartilage), and turning under the alæ and septum; it was then carried directly downward, and the upper lip divided in the median line. The bistoury was now placed in the mouth, and its point brought out of the cheek at the middle of the malar bone, and, cutting downwards, the cheek was divided, the wound terminating one-sixth of an inch in front of the angle of the mouth. The flap thus formed was now dissected upwards, and separated from the floor of the orbit. The cartilage of the nose was separated from its attachment to the bone, and a narrow saw (resembling that called by joiners a key-hole saw) being passed through the right nostril, the alveolar process of the jaw was rapidly sawn through, and the division of the bone, in the line of the incision in the mouth, was completed with Liston's cutting forceps. The malar process of the upper jaw was then clipped through by the forceps into the floor of the orbit, and next the nasal process. The flap being turned upon the forehead, and the globe of the eye supported and protected by a bent spatula, the forefinger of the left hand was pressed with great force on the floor of the orbit; the parts gave way; the remaining soft parts were divided, and the whole mass removed.

The patient was lifted on a bed. A little time was now occupied in removing suspicious-looking parts, and the application of caustic potash to the same; the parts were washed, and coagula removed. The bleeding ceased, so that not a single ligature was required to any bleeding vessel. The cavity being stuffed with dossils of dry lint, the flap was replaced in its proper situation; a hare-lip pin was put in the lip, where it was divided in the median line, and another at the angle of the mouth. The wounds were closed by many sutures, and no dressings applied. The tumor had very much the appearance of fungus hæmatodes.

19, Nine, a.m. There has been occasional vomiting of blood, but not to any serious extent, and it has now ceased; she slept well during the night; all the sutures were removed in the afternoon, but the pins were allowed to remain; a few narrow strips of plaster were applied; a slight erysipelatous blush appeared on the cheek, and an evaporating lotion was applied.

20. There is a foul taste in the mouth, for which the chlorine lotion is ordered as a gargle for the mouth.

21. The pins removed; there has been no stool since the operation. An enema was administered, which came away slightly mixed with fæces.

24. Part of the lint removed.

25. All swelling and inflammation of the cheek has subsided; the wounds are firmly united, and the inner surface of the cheek granulating healthily.

26. The remaining portions of lint were removed, they were very offensive; she could swallow well from the first; she now proceeded without any unpleasant symptom, daily improving in speaking, which was rendered much more intelligible by placing a small piece of sponge in the vacancy caused by the removal of the tumor; in a few more days the same effect was produced in a still greater degree by pressing the forefinger on the outside of the cheek.

Sept. 22. Discharged cured.

CASE II.—Arabella Leeming, Hopeton, near Ripon, is thirty-six years of age, married, and the mother of four children, states that, about eleven years ago, she first perceived a small tumor in the left temporal fossa, which did not increase until four years ago when she perceived a tumor in the left palate; she does not know that there was any communication between the two tumors; that in the mouth has been at times very painful; it was punctured three years ago by a surgeon, but no fluid escaped.

Present Condition.—She is in tolerable general health. A large tumor, of irregular form, occupies the whole of the left side of the face, extending up the left temple as high as the temporal ridge, from the orbital margin of the malar bone down to the alæ of the nose, but does not obstruct that organ; it occupies the whole of the left palate to the velum pendulum; fills the left side of the mouth, completely overlapping the teeth of the lower jaw, for which there are corresponding depressions, which are ulcerated; externally it extends nearly as far back as the meatus auditorius externus. Vision is not impeded, and both nostrils are freely open; she swallows well; there is a large cicatrix over that part of the tumor in the temporal fossa, where she had been keened, as it is called, by some irregular practitioner. The tumor presents a lobulated, hard feeling, without discoloration of the integuments.

Aug. 18, 1843. This operation was performed on the same day, immediately after the removal of the former patient from the operation room; it was performed in the same manner, with these differences: the incision through the angle of the mouth was commenced high in the temple, was carried over the zygoma, through the cheek to the mouth, and a crucial incision, an inch and a half long, in the course of the zygoma towards the ear. It was considered in consultation previous to the operation, necessary to remove the malar bone, which was readily done, the zygoma being found absorbed by the pressure of the tumor; it was only necessary to divide this bone near its upper angle into the orbit. The operation, although much more formidable, was performed with more expedition than the other, and three ligatures were required for bleeding vessels.

The tumor was of an uniform, hard, fibrous texture, and, by its pressure, had caused absorption of some portion of the coronoid process of the lower jaw, as well as the zygoma; it weighed about nine ounces

Ten, p.m. Pretty quiet; no vomiting; slight oozing of blood; pulse 140, and weak.

19. Nine, a.m. Slept tolerably; about three, a.m., vomited much blood; can swallow well; is quiet this morning; pulse 140, and very feeble.

Two, p.m. All the sutures, about twenty-four in number, were removed; the wounds were nicely glued together, and in good position.

Twelve, p.m. Pulse 134, small, and jerking; sleeps continually.

20. Ten, a.m. Has had a good night; is very feeble. To have arrow-root with wine.

23. Rather improved; the lint is becoming offensive and troublesome; the old cicatrix in the temporal region has ulcerated to the size of a silver fourpence, but this does not approach near the incision.

24. Feeling fluctuation between the cheek and lint. Mr. Smith removed all the lint, and a large collection of pus followed. The cheek is granulating healthily; no stool since the operation; an enema brought away a full solid evacuation.

25. The taste in the mouth much better; the cheek is paralysed, but sentient; it forms a large flabby pouch, which descends considerably below the inferior border of the lower jaw; the eyelid is depressed. Custard pudding and broth is allowed.

Sept. 13. To this period all has gone on well; the paralysis is gradually disappearing, and the cheek has been gradually contracting, day by day, until it has acquired its natural size. An attack of erysipelas of the jaw took place this day, which spread over the whole face and head, and considerably retarded the cure.

Oct. 6. There is still a slight tendency to œdema of the lower eyelid; the ulcer in the temple is now very small, about the size of a spangle. She is anxious to return home, and is discharged cured.

Photographic likenesses were taken of both these patients a few days before the operations; Mary Whitaker's was taken again three weeks after the operation, and Arabella Leeming's is to be taken when the ulcer is quite healed. These drawings were strikingly correct, allowing for the difference of a tumor on the right side being represented on the left.

The quantity of blood lost in these operations was not considerable, and it was not found necessary to compress the carotid; in Leeming's case, when the tumor was removed, the cavity exposed was awful to contemplate, and several well-seasoned students were overcome by the sight.

POSITION IN FRACTURES OF THE FOREARM.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—As this is a question of very great practical importance, inasmuch as on the adoption of one position or another mainly depends the happy or disastrous termination of fractures of this region, I think it is the duty of every one who has made any observations upon it in the course of practice, to publish them. I have observed, within the last few weeks, three of your correspondents defending ably

each their own position. One gentleman, Dr. Chadwick, prefers the supine, and advances as his reason that the biceps rotates the upper portion of the radius outwards in fracture of that bone below the tubercle³ and says our practice should be to follow the position of the upper portion in effecting reduction by rotating the inferior portion outwards also; or by supinating the hand, and preserving that position until union is effected; and this plan he recommends from practical experience. Another gentleman, "Semisupinus" (I am sorry he does not allow me to call him by his *real* name), tells us to place the limb in a position between pronation and supination, and his principal reason (for he advances many) is the irksomeness to the patient of the prone position. I must beg at once to state that experience teaches me, on no consideration whatever, to take the advice of "Semisupinus" in the treatment of fracture of radius below the tubercle. A third, Mr. Rodick, appears to have had his anatomical and physiological bumps highly stimulated to resistance by Dr. Chadwick's sound practical observations; Mr. R. observes, "The biceps cannot rotate the radius outwards, for it is in a state of positive relaxation, and, granting it its full active influence, if the fracture occur below the insertion of the pronator radii teres, the latter muscle will be more than a match for the former," &c.

Now, without waiting to discuss the assumed point in the latter part of this sentence, I would request Mr. R. to try the following simple experiment on the first patient he has with fracture of the radius above the styloid process, and below the insertion of pronator radii teres.

Grasp the radius above the fracture, and rotate inwards, and, while in that position, relax the hold of the bone, it will be rotated outwards with a jerk. Is that phenomenon the result of a relaxed or passive state of the biceps? My own opinion is, that it is caused by the action of the biceps and supinator radii brevis. Of seven cases of fracture of radius treated by me within the last year, two were treated on the semisupine, and five on the supine plan; in every instance the fracture was immediately above the styloid process, commonly called Colles's fracture. In the two treated on the semisupine plan, rotatory motion was in a slight degree impaired, and that notwithstanding the full employment of the means usually recommended to preserve the interosseous space. The instruments which I used to press the soft parts into the space, were two circular pieces of wood, each about an inch in circumference, enveloped in common wadding, and extending anteriorly and posteriorly from elbow to wrist, kept in situ by a moderately tight bandage—the fracture, of course, previously reduced—the same instruments were employed in the five cases treated on the supine plan, and with a result so highly satisfactory, that I am fully resolved to treat fracture of the forearm on no other plan whatever.

I am, Gentlemen,

Yours obediently,

T. O'CONNOR.

March, Combe, Nov. 13, 1843.