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SOME CASES FROM PROF. GREENE'S CLINIC IN THE MEDICAL
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Reported by H. H. KIMBALL, M.D., Professor of Surgery.

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Softening of Inferior Dental Nerve; Exostosis of Infra-orbital Canal; Trephining; Cure.—Mrs. W., aged 54. About three years ago, she began to suffer from pain at the angle of the lower jaw on the right side. This was paroxysmal in its character, but the attacks were so frequent and severe as to unfit her for usefulness or enjoyment. Her sufferings had been much increased during the past year, and the pain now affected the whole side of the face, being quite severe in the *infra-* and *supra-*orbital regions. There was no tenderness or swelling; no apparent derangement of the general health that was not referable to the local suffering. She had undergone most thorough medical treatment, both general and local, in the hands of good physicians, with no avail. Hypodermic injections of morphine and atropia had failed to afford any marked relief. Prof. Greene said that from the fact that there was no failure of the general health previous to the local trouble, and none now except the debility, fairly attributable to the long-continued pain, and also the fact that the various plans of treatment, whether alterative or tonic, combined with the most powerful anodynes, had failed, it was probable that the disease was local in its character. Whether the inferior dental nerve alone was involved, or whether the main trunk of the fifth pair was diseased, was doubtful, but as the pain was so completely localized at the angle of the jaw at the outset, and so remained for many months, the probabilities were that the pain along the other branches was reflex. At any rate, it was one of those cases where we are justified in trephining the jaw and exposing the nerve. We might find the nerve inflamed or softened, or pressed upon by a little bony tumor projecting within the dental canal. Oftentimes these cases were associated with and dependent upon otitis or caries, but here there was no evidence of diseased bone. The two last molars had been extracted years before, but the parts seemed healthy. Dr. G.

VOL. LXXVI.—No. 14

had operated in one case where the nerve and the surrounding bone appeared perfectly healthy, but perfect relief followed division of the nerve.

Ether was given, and a curved incision, with its convexity looking downward and backward, made over the angle of the jaw, the bone carefully exposed, and with a small trephine a button of bone removed, exposing the dental canal. The nerve was found so much softened as to lacerate readily when the attempt was made to raise it from its bed. The exposed portion was all removed, the wound closed with silver sutures, and a wet compress applied. The relief from pain at this point was immediate and complete. The lady slept well without anodynes, and in a week returned home well, with the exception of some pain still existing in the infra-orbital region.

At the end of six weeks she returned, complaining of a great increase of suffering. The pain was well localized, and entirely neuralgic in its character. Ether was again administered, and by a curved incision the nerve was exposed at its exit from the infra-orbital foramen. It appeared to be perfectly healthy, but upon cutting away the walls of the canal for half an inch, a little sharp exostosis was seen upon the right side, pressing upon and flattening the nerve. This was removed, the wound closed, and simple dressing applied. The relief was immediate and complete. The patient remained well two months afterwards, since which there is no report from her.

Deep Tumor of the Neck ; Ligation of the Internal Jugular Vein.—Mrs. —, aged 42. Brought to the clinic by Dr. Palmer, of Brunswick. Two years ago, she noticed a little lump just above and to the outside of the right sterno-clavicular articulation. It was now an irregularly shaped, hard mass, about the size of a hen's egg, partially covered in by the sterno-mastoid muscle. It was not tender, and but slightly painful. It pressed with sufficient force upon the trachea to produce a severe cough and difficult breathing, and it was for this reason that she desired its removal. The skin was freely movable over it, as was the muscle, but its feel gave evidence of deep-seated attachments.

Prof. Greene said that although certain characteristics usually presenting in malignant growths were absent here, yet from its irregularity in shape, extreme hardness, and the age and cachectic appearance of the patient, while at the same time by the process of elimination the various benign growths could be fairly excluded, it was in all probability of a heterologous character. From its extreme depth and its probable attachments to trachea, œsophagus and the sheath of the main vessels, its removal would be attended with much hazard; nevertheless, as an operation was the only remedy, the attempt was justifiable under the circumstances.

Ether was administered, and the tumor exposed by a straight incision along the inner border of the sterno-mastoid. The tumor was

adherent to the trachea and œsophagus, and firmly blended with the common sheath of the carotid and jugular, the latter vessel itself being so involved that in attempting to separate it the walls gave way and a profuse gush of venous blood occurred. This was immediately controlled by pressure until a ligature could be applied, when the dissection was completed and the growth removed. For some days the patient suffered from headache and local inflammation, but eventually made a good recovery, the ligature coming away on the thirteenth day. Prof. G. remarked, in this connection, that he was convinced, both on theoretical grounds and from his own experience, that the danger of ligating veins was much overrated by the profession.

Aneurism by Anastomosis.—A child, 11 months old, had a large, pulsating tumor, irregular in outline, somewhat flattened and of a livid color, occupying the scalp in the occipito-parietal region of the right side. After remarking upon the pathology of these growths and the various modes of treatment, the Professor transfixed the base of the growth with several long, stout needles running in different directions, underneath which a strong ligature was firmly tied around the base and then carried in various directions over the apex of the tumor, with the intention of *almost* obstructing the circulation, but not quite. Considerable depression followed the operation, reaction occurring in a few hours. In a few days the circulation was almost entirely obliterated in the superficial portion of the growth. A few points required additional transfixion with small pins enveloped with ligatures, and the large one around the base was tightened. The case was now very carefully watched, the pressure lessened at any point where sloughing threatened, and increased when the circulation increased, until after three weeks a complete cure was effected.

Malignant Disease of a Stump of the Leg; Amputation above the Knee.—A man, aged 45, had his leg amputated at the upper third for an injury twenty years ago. Between four and five years ago, he noticed a little hard point on the end of the stump, which *very slowly* spread, involving the surrounding tissues, and finally became the seat of ulceration and extreme pain. This had continued gradually increasing until the present time. The stump was now considerably enlarged, hard and livid. The ulcer was irregularly excavated and outlined; its surface grayish yellow, and secreting a thin, ichorous fluid, and the seat of pain so excruciating that for months the constant and free administration of anodynes had failed to secure rest. Inguinal glands not affected. The patient was extremely emaciated and feeble.

Prof. G. remarked that this disease was unquestionably malignant, at least clinically; whether it was scirrhus or epithelioma was a question, although he inclined to the opinion that it was the latter. Nothing could be done unless amputation were performed. Was it

justifiable? The nature of the disease and the general condition of the man were opposed to it; but the probability that this was more *immediately* due to *pain* than to any other cause, and the freedom of the lymphatics, rendered it very probable that there would be a great improvement, temporary at least, with freedom from suffering, if he could survive the removal of the diseased mass. The prognosis was more favorable if the disease was canceroid in its character. Dr. Greene thought the chances were in favor of his bearing the shock, and, in accordance with the patient's urgent solicitation, amputation was performed above the knee by the circular method. The operation was well borne. He slept well that night, and under the free use of stimulants, cod-liver oil, and other concentrated articles of food, he rallied with surprising rapidity, being on his crutches again in a few days, the stump healing kindly. Under the microscope, the morbid specimen exhibited the structure pertaining to epithelioma.

Conglomerate Glandular Tumor of the Neck.—A young man, 28 years old, presented himself with an immense tumor of the neck, upon the right side, which he first noticed about three years before. It was now of such size that the anterior portion reached the trachea and the posterior dipped under the trapezius muscle, while it protruded proportionately upon the surface. It had become painful of late, and by pressure interfered seriously with the functions of the trachea, œsophagus and the deep vessels and nerves.

Ether being administered, the integument and superficial fascia, platysma myoides and deep cervical fascia were divided by a straight incision extending from the jaw to the clavicle. The tumor was thus uncovered, and by careful dissection removed entire. The deeper portions rested upon the cervical vertebræ. The sheath of the common carotid and internal jugular was opened during the operation, but neither of the vessels nor their accompanying nerves were injured. The growth was found to be one which Dr. J. C. Warren describes as a "conglomerate glandular tumor." The shock was very severe, as was the ensuing inflammation, and for several days his condition was very critical, but he finally made a perfect recovery.

MANAGEMENT OF DIABETES.

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By J. O. WHITNEY, M.D.

MESSRS. EDITORS,—I would like, through the JOURNAL, to call the attention of medical men to the management of diabetes according to a little work by John M. Camplin, M.D. It is a book that all diabetics should possess for the purpose of guiding themselves in all things relating to their diet, clothing and the like matters. It likewise contains most valuable hints for the physician as to the medica-