vicious. Hardly a vestige of the pancreas, nothing but a very few scirrhus-like lumps, was found, suggesting the idea that the obstruction might have been originally owing to a diseased state of the pancreas. The hepatic artery was of natural size.

Crescent, New Bridge-street, Jan. 1861.

ON A CASE OF APHONIA.

By CALEB C. RICHARDS, Esq.

I AM induced to report the following case of aphonia, which occurred in the practice of Dr. S. C. Reed, as I think it will not be void of interest to the numerous readers of THE LANCET:—

T. B—, aged nineteen, a carman, living in London, complained about eleven months ago of a slight cold, accompanied with hoarseness and sore-throat, with enlargement of the sub-maxillary glands.

March 2nd, 1860.—He applied at the Western City Dispensary for relief, and was ordered a blister to the throat, saline purgatives, with mercurials; but still the hoarseness increased, and shortly afterwards his voice left him, recurring at intervals of a day or two during the time he was treated at the above institution (which was about four weeks).

May.—He now applied as out-patient at St. Bartholomew's Hospital, where the same plan of treatment was pursued—i. e., blisters and mercurials, but only with the same results, as his voice, which had entirely left him previous to his application at the hospital, had not in the slightest degree returned.

June 6th.—He applied at the National Hospital, where they prescribed for him iodide of potassium and bark. This treatment was continued for a month without benefit.

November.—Thinking of his lamentable condition, and determined if possible to get relief, he applied to the District Medical Officer; but he, thinking of the able advice obtained by him before, did not entertain the idea of benefiting him.

Dec. 11th.—He again applied, and has the appearance of perfect health; voice not returned, and the muscles of the jaw were in a rigid state. On examining the throat, the left tonsil appeared slightly enlarged and inflamed; but no syphilitic history is to be made out. It was now (taking into consideration the rigid state of the muscles) thought advisable to try the effect of chloroform. He was accordingly placed under its influence, and its effect was truly magical, as he called out for his mother most distinctly. The chloroform was now withdrawn, and he was kept engaged in conversation until its effect had entirely ceased. He went home, and agreeably surprised his friends by speaking to them for the first time for eight months, articulating every syllable.

Dec. 18th.—From continued talking during the past week his voice is to-day rather hoarse, but has not left him since its return.

From the satisfactory result obtained by the administration of chloroform, and the patient stating that he is easily frightened, may it not be reasonable to conclude that this case was one of mere hysteria?

Fleet-street, December, 1860.

THE FOLLICLES OF THE URETHRAL MUCOUS MEMBRANE IN GONORRHEA.—M. Diday, whose name is so intimately connected with venereal diseases, has published an article, in the *Gazette Hebdomadaire* of the 9th of December last, wherein he states that he has frequently observed in gonorrhœa a rather deep follicle, with a gaping aperture, at the meatus. This, M. Diday thinks, keeps up a discharge when the rest of the urethra is getting dry. To get rid of the gleet thus produced, the author introduces into the follicle a knitting needle, which is gradually heated till the follicle is duly cauterized. M. Diday starts from this theme to point out that, in gonorrhœa, the urethral mucous membrane should not be looked upon as an inflamed surface, but as a sieve, the follicles being the holes. Hence the therapeutic efforts should be directed to force the urine, (when copaiba or cubebs are being taken,) or the fluid of the injections, into the follicles. M. Diday proposes, as far as the urine is concerned, to retain it in the canal for hours by pinching the glans, or by an apparatus leading to the same end. As to the liquid of the injections, it may be worked backwards and forwards to penetrate into the follicles. We shall certainly look for the follicle about the meatus; but as to the manner of acting upon the follicles of the canal by the urine or the injections, as above described, we would pause, from fear of the consequences which might naturally and unpleasantly follow.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

FIBROUS TUMOUR OF THE LEFT SUPERIOR MAXILLA,
INVOLVING THE ANTRUM, OF FIFTEEN YEARS'
GROWTH; SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

DISEASES of the jaws rank amongst the most important in surgery, and require much diagnostic tact, and much skill and patient attention, to treat. The truth of this remark is fully borne out by the valuable series of cases which we have brought together on the present occasion. Their number and length preclude our doing more than very briefly to refer to them generally. Of the seven cases, the upper jaw was affected in four, and the lower in three. In two the disease was malignant—namely, Mr. Skey's and Mr. Adams' cases; and, for the present, the latter has made a most excellent and we may say remarkable recovery. In the former the operation was a partial one, and the man has no doubt succumbed since his departure from the hospital. Of the other cases, all proved successful excepting that of the coloured patient upon whom Mr. Fergusson operated. The fatal result was brought about by the exhaustion consequent upon the debilitating effects of a very severe and destructive attack of purulent ophthalmia. We would draw attention to the form of incision adopted by Mr. Fergusson, which wholly obviates the risk of any subsequent deformity. We have seen him practise this many times; and, beyond the faint cicatrix at the side of the nose, it requires very close examination to detect that of the other parts of the incision, after the wound has been united for a short time. In four of the cases—three in the upper and one in the lower jaw—the nature of the morbid element was some one of the varieties of fibrous tissue. (Such also was the kind of tumour in Mr. Butcher's remarkable case of successful extirpation of the entire upper jaw in a boy of sixteen.) All the patients were elderly, excepting Mr. Bowman's, aged twenty-seven, and Mr. Quain's, a girl of fifteen. It may be mentioned that chloroform was administered in all the cases; and we believe it is the general practice now to use this agent in operations on the jaws, although at one time it was considered to be a source of danger.

For the notes of the following three cases we are indebted to Mr. Charles S. Matthews, house-surgeon to the hospital.

G. C—, aged fifty-five, admitted May 30th, 1860, with a tumour of the left superior maxillary bone, which had first appeared fifteen years previous to his admission, about half an inch below the inner angle of the eye. This increased very slowly in size for about seven years, by which time it had only attained the dimensions of an almond. The growth was now removed by operation. From this time he suffered no pain or inconvenience from the part, and enjoyed good health until six months before admission, when the occurrence of shooting pains in the left cheek drew his attention to the part, and he discovered a small swelling in the situation of the disease which had been removed. This had gradually increased until the date of his admission, when it was found to involve the left superior maxillary and malar bones, and projecting slightly into the left nostril, somewhat impeding respiration through it. The tumour was hard to the touch, not very tender, and caused him comparatively little pain.

On June 2nd, chloroform having been administered, Mr. Fergusson proceeded to operate in the following way:—A horizontal incision was first made (in the wrinkles of the lower eyelid) from the malar bone to the side of the nose; the line of cut was then directed at right angles to the first, down the side of the nose, and, following the curve of the nostril, to the

middle of the upper lip, which was then divided by a vertical incision. The flap thus made was then reflected outwards, and the tumour exposed. This was found to occupy the left antrum, the anterior wall of which was absorbed, allowing the growth to protrude. The removal of the tumour, which was begun from the inner side, was effected without difficulty by means of semicircular bone-forceps. Part of the orbital plate of the upper jaw bone was absorbed; a large portion of what remained was removed by Mr. Fergusson, as was also part of the malar bone and the nasal process of the superior maxillary. The floor of the antrum was found quite healthy, and, therefore, left entire. The wound in the lip was then brought together, as in hare-lip, by means of needles and a twisted suture, and the rest of the wound closed by means of silk sutures.

June 5th.—All the sutures were removed, firm union having taken place. There is a free discharge from the nostril. He expresses himself quite free from pain.

The patient progressed rapidly without a bad symptom, having suffered very little inconvenience from the operation. He was discharged on the 5th of July, cured.

FIBROUS TUMOUR OF THE LEFT SUPERIOR MAXILLA, INVOLVING THE ANTRUM; REMOVAL; FATAL RESULT.

(Under the care of Mr. FERGUSSON.)

W. P.—, aged sixty, a man of colour, native of and resident in Barbadoes, admitted June 2nd, 1860, with a tumour of the left superior maxilla. The swelling was first noticed twelve months ago; but for six months previous he had been suffering much pain in the part, for which he had had several teeth extracted. Patient is in pretty good health, but has been losing flesh of late. On admission, there is a hard and immovable swelling under the left eye, caused apparently by a tumour in the antrum, protruding its anterior wall. It encroaches on the left nostril, interfering with respiration through it. There is paralysis of sensation on the left side of the face and upper lip. The pain is constant and excessive.

June 9th.—Chloroform having been first administered, the two remaining incisor teeth were extracted, and Mr. Fergusson proceeded to make an incision, beginning over the malar bone, and extending horizontally inwards to the inner canthus of the eye, in the wrinkles under the lower eyelid. This was continued by a vertical incision, following the curves of the nostril to the septum of the nose, where it was terminated by a vertical cut down the centre of the upper lip. The structures down to the tumour, included in the flap thus made, were then reflected outwards. Mr. Fergusson then cut through the palatine plate of the superior maxillary bone with semicircular bone-forceps; the malar bone was then divided with the same instrument, and one or two more touches of the forceps sufficed to separate the tumour from its attachments. Various portions of diseased bone were then clipped away, amongst which was the whole of the malar bone, which Mr. Fergusson found it necessary to remove. The hæmorrhage was free, but was soon stopped by the actual cautery. An examination of the tumour showed it to be a fibrous one.

The patient bled on two occasions, but did well in other respects, being kept up with enemata of beef-tea and brandy until the 25th of June, when purulent ophthalmia occurred in the left eye, the conjunctiva appearing wrinkled over the cornea, and hypopion becoming evident.

July 6th.—The patient is much weaker. The cornea appears to have ulcerated, and allowed the aqueous humour to escape. The crystalline lens also was found sticking to the eyelashes this morning.

During the next three days the patient sank rapidly, and died exhausted on the 9th of July.

FIBROID GROWTH IMBEDDED IN THE ALVEOLUS OF THE LOWER JAW; SUCCESSFUL EXTIRPATION.

(Under the care of Mr. BOWMAN.)

G. E.—, aged twenty-seven, a gardener living in the west of England. Nine years ago, a lower molar tooth on the right side became loose, and was extracted. Shortly afterwards, a tumour of the size of a hazel-nut appeared in the socket of the tooth. At the end of a year, by which time it had become of the size of a fist, he applied to a surgeon, who removed part of it by the knife, and then applied nitric acid, painting the cheek over the tumour with iodine. In eighteen months it had disappeared, and there was no return for six years. Twelve months ago, he struck his right cheek with the corner of a spade. This appears to have started the growth afresh, for from this time forth the tumour began to grow in the old situation, and soon attained its original size. It now gave him very

much pain, and prevented his opening his mouth further than to admit a finger. In May last the swelling softened, and he states that large portions of the tumour came away. Since that time it has remained in its present condition.

On admission, there was externally a firm round swelling over the lower jaw, protruding the cheek. Seen from within, there is a tumour extending from the back bicuspid tooth as far back as the base of the coronoid process, and it appears to spring from the alveolar region of the lower jaw. Its upper surface is divided by chinks into three or four lobes, and there is a deep furrow down the centre, where the teeth of the upper jaw have pressed upon it.

October 20th.—Chloroform having been administered, Mr. Bowman made an incision six inches in length, commencing in a vertical direction one inch below the lip, in front of the growth, and carried it downwards and then outwards beyond the base of the jaw, curving it upwards to the extent of three-quarters of an inch, so as to embrace the whole extent of the tumour, but not so deep as to divide the facial artery. The mouth was then entered by raising the end of the flap in front, so as to make way for the saw, and the jaw was divided vertically, partly by the saw and partly by cutting forceps. The flap was next raised in its whole extent, the facial artery tied, and the mouth laid open as far as the back of the tumour. The jaw was now divided behind the tumour, as in front, by means of the saw and forceps, three or four small vessels were tied, the mucous membrane of the cheek united by two sutures to that reflected from the tongue to the alveoli, and the skin also united by a line of sutures. The jaw, which was now found to have fallen inwards by the action of the masticators of the left side, was brought into place, and maintained there by means of a gutta percha apparatus fitted between the teeth of the left side. A bandage was passed under the chin to keep the mouth closed.

The tumour thus removed was found to be of a firm fibroid and apparently simple epulis growth, imbedded in the alveolar aspect of the jaw. The original sockets of the teeth had disappeared, and the sides of the bone, as far as the lower margin, were expanded laterally to the width of two inches, the terminal edges forming an irregularly shallow cup, with sides no thicker than silver paper.

The patient went on, after the operation, without a bad symptom, and was able to take fluid nourishment from the first. The sutures were all removed by the 25th, the anterior part of the wound having healed by first intention.

Oct. 29th.—The wound is discharging freely, the ligatures have all come away, and he now gets up daily. The gutta-percha socket is, however, still kept in the mouth, and he is not yet allowed to use the jaw.

Nov. 5th.—The wound has quite healed. The gutta-percha socket has been removed, and he can chew meat, though not firmly as yet. The lower part of the face is a little distorted, the left corner of the mouth being drawn downwards, and the right cheek dropping slightly from the paralysis of the portio dura; he can, however, whistle. When the teeth are clenched, the middle line of the lower jaw is seen to be opposite the middle of the first upper incisor of the right side, and he has the power of moving the lower jaw laterally to the extent of half an inch.

10th.—Improving in every respect. Discharged this morning.

ST. BARTHOLOMEW'S HOSPITAL.

CYSTIC DISEASE OF THE LOWER JAW OF TWELVE YEARS' DURATION; EXTIRPATION OF THE RIGHT HALF; RECOVERY.

(Under the care of Mr. PAGET.)

A WOMAN, aged forty-eight, was admitted, in August, 1860, for cystic disease of the lower jaw. The disease commenced twelve years before as a slight swelling of the ascending ramus of the angle. Nothing was done then, and the swelling slowly increased. Eight years from the commencement, however, the disease had increased to such an extent that she was sent to the above hospital. The growth was then as large as the one for which she was last admitted, producing a general enlargement on the right side of the jaw and cheek. Mr. Paget, on that occasion, considered the propriety of removing the bone, but as he found that the disease then consisted of one large cyst only, he merely removed the anterior wall, filled the cavity with lint, and left it to suppurate. By this treatment