

Nov. 10th.—The patient was put under the influence of chloroform, and Mr. Heath proceeded to remove the tumour. He first made a curved incision over the back of the tumour beyond the line where the skin was adherent, and dissected this off the tumour quite readily. He then united the ends of this incision by a straight cut along the body of the jaw. The body of the jaw to which the tumour was attached was then sawn through below the alveolus, and without wounding the mucous membrane of the mouth. An additional piece of bone was then removed from the left angle of the jaw with the bone forceps. The galvanic éraseur was then applied in the lines of incision, and the mass removed in nine minutes. The tissue about the hyoid bone was white and opaque, and was therefore freely cauterised with the heated éraseur. The submaxillary and sublingual glands and the hyo-glossus muscles were freely exposed in the wound, and looked healthy. The wound was washed out with solution of zinc chloride, twenty grains to the ounce, and lint dipped in this was applied, and kept in place by cotton-wool and a bandage.

The patient slept well through the night, being perfectly free from pain, but only able to swallow liquids; the next morning his temperature was 100° F.; pulse 96. In the evening the lint was removed from the wound, and a dressing of carbolic oil applied. His temperature gradually fell, and on Nov. 15th it was 98.3°; pulse 84. The submaxillary gland and the tissue about the hyoid bone were seen to be sloughing; the upper part of the wound was granulating; complained of headache. The next two days an oakum fomentation was applied to hasten the separation of the sloughs, and on Nov. 18th the surface was quite clean except over the submaxillary gland, and the headache quite gone. On the 22nd the wound was dressed with red lotion; the last slough had come away; the wound was two-thirds its previous size. Patient could swallow solid food well. On the 26th five skin-grafts were put on. On Dec. 2nd twelve more were put on; the granulation was much slower over the site of the submaxillary gland than elsewhere. On Dec. 8th the wound was about one-third the size it was originally; the granulations were pale and flabby, edges firm and rather callous; to be dressed with a solution of nitrate of silver, two grains to the ounce.

The wound continued to heal well, and the patient gained strength and lost all pain, which had not returned since the operation. There was no appearance of any recurrence of the growth several weeks after the operation. The patient went home on Dec. 23rd with the wound nearly healed.

Examination of tumour (by Mr. Gould).—"The tumour is very firmly adherent to the section of the body of the jaw, but the bone looks healthy, the line of it being unbroken. On cutting into the under surface of the tumour, a cavity as large as an ordinary apple is opened, full of fetid ichorous fluid with irregular walls, in which are six sinuses. Examined microscopically, the growth is seen to be a typical example of globular epithelioma; this tissue extends quite to lower edge of mass removed (by hyoid bone), but is half an inch from the surface in front (where attached to jaw)."

This, though a formidable-looking case, was a remarkably favourable one for operation, the disease, although extensive, involving none of the lymphatic glands at the angle of the jaw or in the neck. By sawing off the chin, without opening the mouth, the whole of the bony attachment of the growth was isolated, and the subsequent removal of the soft tissues down to the hyoid bone with the galvanic éraseur was entirely bloodless. The patient made a thoroughly good recovery, and it may be hoped has been effectually relieved, at least for a long time.

ROYAL FREE HOSPITAL.

ACUTE URETHRITIS; RETENTION OF URINE; SUPRAPUBIC ASPIRATION; RECOVERY.

(Under the care of Mr. WILLIAM ROSE.)

FOR the notes we are indebted to Mr. Cecil Curwen, house-surgeon.

T. B—, aged twenty, came to the out-patient's department on January 3rd, at 2.30 P.M., suffering from gonorrhœa, and complaining that he had been unable to pass any water for upwards of twenty-four hours.

He first noticed a discharge from urethra about a fortnight before this, and for the last week he had noticed that his stream got gradually smaller, until finally it stopped altogether. The patient at this time was in great pain, constantly straining but passing nothing. A physical examination showed a copious discharge of pus from the urethra, and a bladder that was much distended and prominent, the area of dullness extending nearly up to the umbilicus. Pressure caused great pain. The patient was admitted, and ordered thirty minims of the tincture of opium, to be followed, after a short interval, by a hot bath. After this he passed a few drops of urine but no stream.—4.30: Fears being entertained that his bladder might give way, and it being thought inadvisable to pass a catheter on account of the specific inflammation of the urethra, the fine needle of the aspirator was inserted into the bladder immediately above the pubes, and urine, slightly ammoniacal, to the amount of thirty-eight ounces, was drawn off. Immediate relief followed. Ordered a full dose of castor oil, and to be put on an alkaline and purging treatment. At 9 P.M. he was sleeping.

Jan. 4th.—At 10 A.M. patient complained of great pain, and the bladder was distended, but not so much as before. The patient succeeded in passing a small quantity of water, which relieved him. There was copious discharge from the urethra, and much scalding. At 2.30 the bladder was again aspirated, and thirty-four ounces of urine were drawn off. At 4.30 he was ordered a hot bath, and managed to pass some water in it. At 9 his bowels had been freely opened, and he felt comfortable.

Next day he was able to pass his water, his bladder being seemingly empty. His urethra was still discharging freely. His stream was small, but did not scald so much. On the 6th and 7th he continued to improve, the stream getting larger, and the discharge and scalding less. He continued to take a hot bath night and morning, and was kept on low diet, and freely purged. On the 8th, he passed his water freely, there being no discharge or scalding, and on the 9th a No. 4 silver catheter, followed by a No. 7, was passed without difficulty, and the patient was pronounced convalescent, and fit to be discharged.

DEVON AND EXETER HOSPITAL.

SEVERE DYSPNŒA; TRACHEOTOMY; EMPLOYMENT OF A LONG INDIA-RUBBER TUBE; RECOVERY.

(Under the care of Mr. CAIRD.)

THE interesting features in this case (for the notes of which we are indebted to Mr. H. Gordon Cumming, house-surgeon) were the obscurity of the cause of the symptoms, the coincidence of their disappearance with the decrease in the size of the thyroid, the disappearance of the latter after the severe hæmorrhage, and, lastly, the marked relief afforded by the long india-rubber tube. It was found that brushing the interior of the tube with olive oil considerably aided the passage of secretion.

J. P—, aged sixteen, was admitted Nov. 8th, 1875. He had always been delicate, and had suffered from shortness of breath on exertion, but was not subject to cough. Three weeks ago he first noticed a difficulty in breathing, which he fancied came on as the result of a cold, and, as it increased, he was compelled to seek advice. He gradually became worse under treatment, and was sent to the hospital.

On admission he was a tall, thin, anæmic lad, with anxious expression, and dusky appearance of face. Respiration was quick and very laboured, and there was inability to remain long in the recumbent position. The thorax was drawn in to a remarkable degree at each inspiration along the line of sternum and costal cartilages, and there was also great retraction of the epigastrium, whilst the inspiratory act was accompanied by a peculiar harsh noise. On auscultation, very little air was heard to enter the lungs, and the respiratory sounds were indistinct, but no dullness was audible on percussion. The heart sounds were normal, and the pulse quick and very feeble. The thyroid gland was much enlarged, both laterally and at the isthmus, which felt somewhat tense. Digital examination of the pharynx and upper part of larynx revealed nothing that could at all account for the dyspnœa.