

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXIX. WEDNESDAY, NOVEMBER 29, 1848. No. 18.

CASE OF EXCISION OF A PORTION OF THE LOWER JAW, FOR CARIES.

BY A. B. SHIPMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

O. GROSS, *æt.* 20, of Marathon, Cortland Co., N. Y., received a blow under the chin in February last. Pain, swelling and soreness followed at the time, but subsided in a few days in a great measure; still an uneasiness and tenderness of the teeth in front remained, and his general health became somewhat affected. In August following, an increase in the soreness and swelling took place, with constitutional excitement, which was subdued in some measure by his physician, Dr. L. Kelly. Soon after this, his front teeth became very loose, and great swelling in front of the chin and sides of face took place; suppuration followed, and sinuses formed on the chin and inside of lower lip, which discharged a large quantity of sanious fluid. His general health became greatly impaired— hectic fever and loss of appetite taking place.

At this time I was consulted, and visited the patient. On examination, found the following state of things. Great swelling of the lower part of face, especially in front of the chin; the skin felt hard and brawny, and was thickened up and nearly destitute of sensibility. The swelling extended as far back as the angles of the jaw, and on the sides of the face as high as the malar bones. The four front incisors were very loose, the gums spongy and bleeding, while the two next teeth on each side of the jaw were somewhat loose and tender. Several sinuses were discharging pus freely around the teeth, both inside and outside of them; and on examination with a probe, carious bone was felt over a large extent of the chin. His breath was horribly offensive, his countenance was bloated, cadaverous, and unhealthy. A violent pain in the head was almost constantly present, while constitutional irritation had reduced his strength to that degree that he was confined to his room. It was evident that caries of the lower jaw was the disease under which he was laboring; and the question arose, whether nature would repair the mischief, or whether the caries would extend to every portion of the jaw, and the constitutional disturbance in time wear him out. The next question which arose was, how extensive was the caries; and if an

operation was to be performed, how much of the bone was to be removed? The patient was firm in his desire for some kind of an operation for his relief. About the middle of September, in consultation with Dr. Robinson (Dr. Kelly being absent), an operation was decided on, of this description:—to make incisions from the angles of the mouth to the base of the jaw, dissecting the lower lip from the bone, leaving the whole of the front of the jaw bare, and then to remove so much of the bone as the nature of the disease required. The patient was prepared by giving him a full dose of morphia (ether or chloroform he refused); and being then seated in an arm chair, I commenced by making the incision as before mentioned. The soft parts were dissected off from the bone, and turned down beneath the chin. The bone was found carious, rough, and filled with holes, from which fungous granulations sprouted. Nine of the teeth, which were very loose, were next extracted. Hey's saw was next applied to the jaw opposite the second molar tooth, on the right side, and the bone nearly sawn through; it was then applied to the other side, nearly in the same place as on the opposite. The bone between the two places was chipped off with cutting forceps, cutting pliers, strong knives and scissors, until more than seven eighths of it was removed, when the remaining portion was found sound and free from sloughing or disease of any kind. The bone where it was sawn at each side was found perfectly free from caries or disease, and the bridge of bone left kept the portions on each side in their relative positions—a most desirable state of things, when attainable. The operation was rather tedious, occupying one hour and five minutes in its performance; but the patient bore it without a groan or other manifestation of pain. The flap was brought up, and several sutures applied, and supported by adhesive plaster. It was dressed in seven days for the first time, when it was found nearly united by the first intention. Three weeks from the date of the operation he visited me, a distance of sixteen miles. The parts perfectly sound, the face free from swelling, the bone and soft parts perfectly adherent, and no appearance of any disease about the seat of the former affection.

I have seldom performed an operation where the result was more satisfactory, than in the one just detailed. Yet it was undertaken with great reluctance, from a fear that the disease extended over nearly the whole extent of the bone, and that a portion might be left which would defeat the whole proceeding. Operations on carious bones are unpleasant performances, as a general thing; yet there is nothing from which we may derive more benefit than at times from them. Some years ago a lady brought me her daughter, about nine years of age, with wry neck. On inquiry, I ascertained that she had been in this state since she was 5 years old; that it followed scarlatina, from which she barely recovered. Necrosis of the lower jaw followed, sinuses formed, and the wry neck was the result. When I saw her, several openings existed in the cheek and side of the neck, which was affected, and a foetid sanies was continually flowing from the mouth. The probe detected rough bone, which was partially loose. An incision was made at the base of the

jaw, down to the bone, and with a strong pair of forceps I removed nearly the whole of one side of the lower jaw, which had remained there dead, and as a foreign body, for more than three years. It is unnecessary to say that the head assumed its erect attitude in a few days, and she got entirely well and has since remained so.

In the summer of 1847, a young gentleman from De Ruyter, Madison Co., came to me for advice, in relation to his hand. Six months previously, he was wounded over the metacarpal bone of the fore-finger of the right hand, with a hot iron in a blacksmith's shop. Inflammation, pain and great swelling followed. Suppuration finally took place, but without any relief. The bones became carious, he lost the use of his hand, and his general health, which, before the accident, was good, now became greatly impaired. He had sought much advice, but the most of it was for him to wait until nature should accomplish the cure. When I saw him, the probe detected the whole of the metacarpal bone of the fore-finger diseased, and a portion of the second and third fingers. The hand was as thick as two hands. The fingers, which were extended, could not be flexed in the least; they were, therefore, perfectly useless, as the thumb and fore-finger could not be made to touch each other. The hand itself was also useless, and there was no prospect of its being any better, but a fear that the caries would extend to the carpus, and loss of the hand and wrist by amputation be the only cure. Under these circumstances, I advised the removal of the carious portions, by an operation. To this he assented. I made an incision over the metacarpal bone of the fore-finger, and proceeded with it through its whole extent. I then carried it across to the same bone of the ring finger, cutting the skin and tendons down to the heads of the bones, dissecting up the flap and turning it down to the joints of the finger. This exposed the diseased bones, three in number. I removed the whole of the first two thirds of the second, and about one half of the third, with cutting forceps and strong scissors. The operation was painful and tedious, but after it was finished the flap was accurately laid down and secured by sutures and adhesive straps. Much of it united by the first intention, and the swelling and thickening of the parts subsided in a short time. The use of his hand returned in a great degree within six months after, and he has now a good and useful hand, contrary to the expectation of almost all his friends. I have many more cases of a similar description, but time forbids their detail in this communication.

Cortlandville, N. Y., Nov. 10, 1848.

THE ASIATIC CHOLERA TRACEABLE TO CERTAIN ELECTRIC INFLUENCES.

[Communicated for the Boston Medical and Surgical Journal.]

THE startling admonitions which every arrival from Europe conveys to us of the approach of the most terrible pestilence of modern times—the Asiatic cholera—have naturally attracted the attention of physicians