

### CASE OF CANCEROUS TUMOUR OF UPPER JAW: REMOVAL, AND TEMPORARY RECOVERY.

By SURGEON-MAJOR J. H. THORNTON, B.A., M.B.,  
*Civil Surgeon, Shahabad.*

Mussamut Lukhia, æt 48, was brought by her husband to the Arrah Dispensary on the 5th of July last. Her face was disfigured by a large tumour of the right superior maxilla, which distended her cheek and protruded into her mouth, preventing her from closing it. She stated that the disease began to make its appearance two years before, and had been rapidly increasing during the last few months. The case was not a promising one, as the tumour was evidently cancerous and likely to return after removal; nevertheless I resolved to operate, as the poor woman was in a miserable condition, and the disease seemed to threaten a fatal termination in a short time if left alone. The operation, accordingly, was thus performed. The patient having been placed under the influence of chloroform, an incision was made with scissors through the middle of the upper lip, and skirting the nose to a point a little below the right eye. From thence it was carried horizontally almost as far as the zygoma. The flap thus formed was dissected off and the tumour exposed. One of the incisor teeth was then extracted, and the alveolar process and hard palate sawn through after division of the gum and mucous membrane. The nasal process and body of the superior maxilla were then sawn through just below the orbit, so as to leave the orbital surface, and the rest of the bone was easily disengaged from its attachments and removed together with the tumour, which appeared to have had its origin in the antrum. The gap left by the removal of the bone and tumour was then stuffed with lint soaked in carbolic lotion, and the edges of the external wound were brought together with wire sutures. Very little blood was lost during the operation, and the patient made a rapid recovery, the large gap filling up and the external wound healing without a single bad symptom. The tumour, on examination, appeared to be scirrhous; it cut crisply, showing a pale straw-coloured surface intersected by fibrous bands. Under the microscope ( $\times 220$ ) it seemed to consist of a dense fibrous stroma containing in its meshes multitudes of nucleated cells of various forms and sizes.

I saw this patient last week, and found that there was no deformity except a slight falling in of the cheek. The line of incision was almost imperceptible except on close examination. The operation has thus been very successful in its immediate results, but it is probable that the disease will reappear sooner or later.

Arrah, 27th October 1879.

### COMPOUND FRACTURE OF LEFT HUMERUS WITH COMPOUND DISLOCATION OF LEFT ELBOW-JOINT: TRAUMATIC GANGRENE: AMPUTATION BELOW SHOULDER: RECOVERY.

By SURGEON D. BASU,  
*Offg. Civil Surgeon, Manbhoom.*

Sreenibas, a Hindu lad of 11 years, was admitted into hospital at 5 P. M. on the 3rd of October 1879. Four days prior to his admission he fell from the back of a buffalo with his left arm twisted backwards and outwards, the animal trampling on the left elbow-joint. He was treated for three days by a blacksmith of the village, who put a bamboo-mat splint opposite the joint

and kept it in position by tying with flax strings, and also applied some gummy juice of the creeper, called *Harjora*. Before the accident the boy was in sound health.

On admission he was found to have an anxious countenance, dry and coated tongue, parched lips, hot, moist skin, quick feeble pulse. His respiration was normal, and liver and spleen were of healthy size.

The left fore-arm was in a gangrenous state, black and cold, motionless and senseless. The upper part was of a pulpy and semi-fluid consistence, emanating the most fœtid smell. The radial and ulnar arteries and the median nerve shared in a less degree the putrefactive changes. The ulnar nerve was in a better condition. The vessels and nerves could not be traced upwards above the elbow-joint. The trochlear surface of the humerus was visible in its entirety. There was no fracture of the radius or of the ulna. The lower epiphysis of the humerus was broken off from the shaft which was not broken. In the upper arm there were several small sacs containing purulent matter, and there was an œdematous look about the shoulder.

About 7 P. M. amputation of the arm below the shoulder was performed under chloroform. There was some hæmorrhage during the operation, several silk ligatures had to be applied. The inner flap was found to contain two sacs similar to those mentioned above, and had therefore to be slightly pared. The stump was dressed with carbolic lotion and oil. Ten minims of laudanum and 20 of chloric ether in camphor mixture was given after the operation, and the following tonic mixture was ordered subsequently:—

R Quinæ Sulph.	... gr. i.
Acid nitro-muriatic dil.	... ℥iii.
Tinct. Ferri Perchlor.	... ℥vi.
Spirit Ether Chlorof.	... ℥x.
Inf. Calumbæ	3ss. Mix one dose.

Every four hours, and for diet he was ordered to have milk two pints, sago, two eggs, and two ounces of brandy.

4th.—No hæmorrhage from stump: was restless last night: fever less: tongue coated: no stool.

5th.—Fever less: tongue clearing: skin warm. No stool: no bleeding: slight pain in stump.

6th.—Slight fever: tongue moist and clean: no stool: no pain. Wound dressed with carbolic oil.

7th.—Slight fever: one stool: no pain; ligatures removed.

12th.—Improving steadily: a bit of slough removed. From that time the boy steadily improved till the stump healed on the 17th November, when he was discharged from hospital.

A fall from the back of a buffalo is not necessarily a serious injury, but in this case the unfortunate lad was further mutilated by being trampled by the animal, and furthermore was kept under the treatment of a blacksmith. Although it is difficult to say what the original injury was, it is probable that gangrene would have resulted without the blacksmith's interference; it being equally probable that the inflammatory zones would not have resulted without the unequal pressure of stick and string. The boy came in a high state of septicæmia, and as soon as the septic parts were removed the fever and other concomitant symptoms showed signs of abatement.

Purulia, 18th November 1879.

*Post partum hæmorrhage.*—Hot water injections are being much resorted to for the control of this alarming complication of labour. The temperature need not exceed 110°.