

## Restoration of the Jaw.

By DR. J. D. PATTERSON,  
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The patient, Major J. E. Montandon, of Oskaloosa, Kansas, had an operation performed for necrosis of the left superior maxilla, the whole of the maxilla being removed from the right central incisor, also part of the hard palate as the model sent will show.

The operation was performed by the late Dr. Mussey, of Cincinnati, Ohio, some eighteen years since, and was extensively noticed at the time by the medical news of the day. After such an operation considerable deformity of course existed, rendering the substitution of an artificial part very desirable; and notwithstanding the fact that many operators had failed, I advised that the operation of substitution was practicable.

Some dentists had advised the severing of the masseter muscle, that being the chief obstacle to a successful operation, against this, however, Dr. Mussey protested and told the patient rather to remain without a plate. I took the impression with plaster, shaping a common cup with wax to suit the case, and after considerable difficulty, succeeded in obtaining a correct impression of the parts. I removed the plaster as soon as it was hard enough to retain the form, on account of the remaining teeth on the right side permitting the plaster to break, and afterwards united the pieces. I of course made the plate of vulcanite, supplying the artificial jaw with teeth, clasping the only right bicuspid and the central incisor with well fitting gold clasps; the method of procedure I suppose is well known to all practitioners. I also permitted a rubber band around the wisdom tooth, deeming that clasping three teeth instead of one would relieve any strain on the clasped teeth.

I also used a moderate sized air-chamber. The result is in all respects entirely satisfactory; the plate fitting well and firmly restoring the contour of the face, assisting very materially in speech, and as the lower teeth are quite good it improves mastication greatly. Were it not for the drooping of the lip on the left side on account of the attachment of the Superior-alaque-nasi muscle being gone, the face would appear quite natural. I am now satisfied that the plate can after a time be worn without clasps—removing the only objectionable feature.

The patient, who is a gentleman of culture, is highly pleased with the appliance, and finds after a month's trial that not the least inconvenience is experienced from it.—*Amer. Jour. Dental Science.*

## A Rare Case of Monstrosity.

(To the Editor of the Medical Record.)

SIR,—The following is a report of a case which occurred in the course of my practice, a few months since, and which, I think, you may consider, on account of its rarity, of sufficient interest for publication in the *Medical Record*. The case is one of the rarest forms of *double monstrosity*, and in the limited medical reading to which I have access here, I have been unable to find any record of a case in which two otherwise perfectly-formed children have been united in a similar manner.

Amelia H.—, aged 20 years, mulatto, a native of Jamaica, was taken in labor, about nine a.m., Sunday, September 6th, 1868. I was called to see her at 1.30 a.m., September 7th, when I found that the membranes had ruptured about three hours and a half previously, and that a right arm was presenting from the vulva. Uterine contractions were forcible and frequent. I attempted unsuccessfully to reduce the arm and bring down the feet. Went for chloroform, and on returning found that the child had descended somewhat, and was doubled up in the vagina. With the assistance of the chloroform I succeeded in bringing down the feet. When the head had been delivered, I found it still firmly attached to something, and supposed that the child had an enormous tumor of some kind on its head; but soon another pair of eyes and a mouth followed and I discovered that I had got *two girls united by the tops of the heads*, well formed, equal in size, dead, but probably alive at the commencement of labor, judging from the condition of the presenting arm. Period of gestation, between seven and eight months. The two faces looking in nearly the same direction. Ossification equally complete in both skulls, which were also of equal size; the frontal and parietal bones not continuous over the tops of the heads, but meeting each other without being united. There was no indication of any septum of bone between the crania; but both brains were apparently contained in one osseous case. There was a thick growth of hair all around the heads.

The loose condition of the cranial bones and flexion of the necks allowed of the bodies being brought parallel to one another, and it would be a point of interest to know what their relative position was when *in utero*. There was one small placenta for the two; each child having its own umbilical cord.

This woman had one child two years ago, a girl, well formed, still living.

The mother had a complete but rather tedious recovery, and, of course, ascribes the peculiar formation of the children to the fact of her having witnessed an acrobatic performance a few months previous to their birth.

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Aspinwall, U. S. C., March 30th, 1869.

## Treatment of Sycosis by Nitrate of Potash.

*Bulletin de Clinique et Bull. Gén. de Thérapeutique, October, 1868, p. 351.*

Mr. Stewart has succeeded in curing every case of sycosis which he has encountered, by employing a simple solution of the nitrate of potash. He considers this treatment more sure and more rapid than any other, and states that cases, which had resisted other treatment for weeks, yielded in a few days to the employment of a saturated solution of the remedy in question.

It is to be applied, in a saturated watery solution, three or four times daily, over the pustules and the whole diseased surface. If the pain caused by the application is too great, the strength of the solution is to be reduced until it can be tolerated. A treatment so simple deserves at least a trial.—*New York Medical Journal.*