

originated from a blow. The upper jaw on the left side was removed with the tumor, and the following is a description of its appearance as given at the time before the Pathological Society of London—"It consisted of the left superior maxillary bone, including its orbital plate, from the inferior surface of which appeared to grow a large tumor, which filled the cavity of the antrum, and projected forwards and inwards into the nasal cavity. There was also a second and loose portion the size of a walnut, which appeared to have been broken off during the operation, and was said to have projected posteriorly towards the pharynx. The tumor was of a firm, fibrous nature, and irregularly lobulated, and it had a dense capsule. Microscopically examined the tumor consisted of an abundance of fibrous tissue which formed the stroma containing innumerable cells, nucleated, usually containing several nuclei and frequently presenting a granular appearance. Large compound cells were abundant in the posterior and softer lobe of the tumor, and a few elongated cells were seen amongst the fibrous tissue. These large compound cells presented very much the appearance of the polynucleated cells met with in myeloid tumors."

In June, 1871, she returned to the hospital with a tumor of the right superior maxilla. On the 21st of that month the right upper jaw was removed, an incision being made along one of the wrinkles of the lower eyelid and down the side of the nose, the knife was then turned up into the nostril, and then the upper lip was divided in the median line. This flap was reflected on the cheek, the soft parts of the palate divided, and the jaw then removed with cutting forceps and Ferguson's lion forceps, no saw being required. The hemorrhage was slight and easily controlled. The edges of the wound were brought accurately together with numerous silver wire sutures and the parts left exposed to the air, no dressing of any kind being used beyond cleansing the mouth frequently with Condy's fluid. On the sixth day the woman sat up, at the end of three weeks she left the hospital perfectly recovered. The amount of disfigurement was very slight, the jaw on the left side, which had been removed several years before, having been replaced by a dense firm tissue which supported the cheek. The tumor in this instance filled the antrum, extended into the nasal cavity and forward, raising the cheek. It first attracted her attention about a year previously. She had suffered little or no pain except when handled. A careful examination showed nothing beyond a dense fibrous tissue. In the following December she

wrote to say that she had enjoyed perfect health since leaving the hospital.

I had opportunities of watching several cases of tracheotomy in adults as well as in children. In the children's cases it was always performed in croup and proved fatal in every case, notwithstanding that every care was taken in the after treatment to keep the air moist and warm, the tube free and clean, and to administer as much nourishment in each case as the child would take. I would here say that in none of these cases was the operation resorted to until all hope of saving life by other means had been given up. I am strongly of opinion that where recovery has followed the operation of tracheotomy in children suffering from croup, the same cases would have recovered without operation, and that in such cases the use of the knife is unjustifiable. The poor child is relieved for perhaps an hour or two, and then has to pass through ten or fifteen hours or perhaps more of the most frightful distress that any human being can be called upon to bear. I don't think that any man who has remained by the bedside of a child from the time of the operation until its death could ever be persuaded by any consideration to perform the same operation in a similar case again. In the case of adults the result is very different, whether performed for growths in the larynx, syphilitic usually, or for obstruction to the passage of air through the larynx by foreign bodies which have become lodged there, recovery is the rule, death the exception, however weak or exhausted the patient may be at the time of operation. I have seen tracheotomy performed twice in the same year on the same person, a woman about thirty years of age, suffering from syphilitic growths in the larynx. After the second operation she was obliged to wear a tube constantly. There is no doubt that, especially in children, the irritation produced by inserting and keeping a foreign body, the silver tube, in the trachea greatly increases the rate of mortality. If this could in any way be obviated, a greater number of recoveries would be the result.

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*To be continued.*

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### Progress of Medical Science.

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#### CASE OF POISONING BY CARBOLIC ACID.

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A CASE of poisoning by carbolic acid has recently occurred in St. George's Hospital, and as such accidents have been of rare occurrence, I think it may be interesting to publish a few short notes of the case.