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[NEW SERIES.

ART. XLII.—*Two Cases of Successful Removal of the Upper Jaw on Account of Malignant Disease of the Antrum.*  
By ROBERT L. MACDONNELL, M.D.,  
late Lecturer on Clinical Medicine,  
University of McGill College.

CASE I.—Mr. ———, aged 55, a farmer, residing in the Eastern Townships, consulted me in June, 1849, on account of a tumour which occupied the right cheek and extended into the nostril of the same side. He stated that about a year previous, he had received a blow on the cheek, which at the time caused but little annoyance, but that three months afterwards he began to suffer some pain in the seat of the injury, and he then noticed a small hard tumour, at first scarcely perceptible, but which soon increased in size and gradually acquired its present dimensions. Within the last few months, the tumour became larger and more painful, and extended into the right nostril, and frequent and profuse attacks of epistaxis quickly ensued. His general health began to fail, and he lost all hope of discussing the tumour by poultices and fomentations—the only treatment he had latterly employed. The Surgeon to whom he applied in the country, extracted a molar-tooth and explored the cavity of the antrum, but nothing except a few drops of blood escaped. When I saw him, the tumour was about the size of a hen egg, and projected from the canine fossa of the superior maxilla, to which it was firmly adherent. The skin covering it was tense and shining. The right nostril was blocked up by a fungous growth which

was hard and resisting, of a dark reddish colour, and exhibited a great tendency to bleed on being touched. A ridge like projection was likewise observed above the alveolar process of the same side, but no protrusion through the hard palate was noticed. The eye-ball was not displaced, and no impairment of vision had taken place. His general health appeared good, with the exception of the debility induced by the losses of blood from the nasal portion of the tumour. In consultation with Drs. Campbell, Howard, and Crawford, it was resolved to excise the superior maxilla, and accordingly the operation was performed on the 18th of June in the following manner:—

A short horizontal incision was made along the zygoma to the body of the malar bone, from which point the incision was now carried in a curvilinear manner to the angle of the mouth. The convexity of this incision was directed towards the ear. The flap was then dissected from off the tumour as far as the nose, and its external extent and that of the maxilla were thus fully exposed—a natural separation between the incisors rendered the extraction of one of them unnecessary. The alveolar process, hard palate and malar bone were divided by means of a small sharp forceps and the nasal process of the maxilla was divided with equal ease. An incision was made through the mucous membrane along the median line of the palate, and transversely, corresponding to the junction of the palate and maxillary bones, and with a slight