

TUMOR OF THE FACE.

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This man is 54 years old. About four years ago he began to have pain in the regions of the infra-orbital nerve on the right side, which was very persistent, and gradually extended over that entire side of the face. He has had no epistaxis; there is no occlusion of the nostrils on either side; most of his teeth in the upper jaw are gone, and the sockets are in good condition. The roof of the mouth is symmetrical, and there is no abnormality on either side. When we come to examine outside and above the alveolar process on the right side, we find a swelling, which apparently arises from the superior maxilla, which is firm to the touch and is covered with perfectly healthy mucous membrane. This tumor produces a slight bulging of the face on the right side.

We are in ignorance both as regards the nature of this growth and its exact seat of origin. After the age of forty-five or fifty a large proportion of tumors of the upper jaw belong either to the carcinomatous or sarcomatous variety; even in earlier life, about one-third are sarcomatous, one-third carcinomatous, and the remainder belong to the other varieties. In this case, I think, we may exclude empyema of the antrum, ordinary hydrops, and probably anything in the nature of a cyst. When we take into consideration the fact that this disease has existed for four years, and that there is as yet no involvement of the mucous membrane, it is clear that it has progressed slowly, and this permits us, I think, to exclude carcinoma, positively, and perhaps sarcoma. Some of the latter variety of growths are very slow in reaching their full developments, even in this region, but usually they distinctly manifest their presence by a decided destruction of tissue long before three or four years have elapsed. In one case coming under my observation I removed from the inner side of a man's thigh a tumor as large as a two year old child's head, which had apparently remained unchanged for several years, and had existed in all over twenty years. At the time of operation I supposed we had to deal with a lipoma, containing considerable fibrous tissue, but on examining it we found a sarcoma, well encapsulated.

In trying to arrive at a diagnosis in the case, it is well to think of other growths besides those mentioned. It may prove to be a pure osteoma, which is dense, firm and smooth to the touch, and steadily increases in size. Or it may be an enchondroma, which is almost as

firm as an osteoma; or we may have to deal with a pure fibroma, which, properly speaking, belongs to the sarcomatous variety.

The diagnosis in such a case as this is of the utmost importance, as upon it depends the severity of the operation which it will be necessary to perform. If the growth proves to be a sarcoma, originating in the antrum or the superior maxilla, it would be wise to perform a radical operation, even to the extent of removing the entire upper jaw, but it would be humiliating to do this and learn afterwards that the tumor was simply an osteoma or an enchondroma.

To clear up the diagnosis I will make an incision downwards from the right ala nasi to the mouth. By dissecting up this flap and turning it back, a view of the tumor is obtained. It rests in the canine fossa and originates in the tissues outside of the bone. The growth is about the size of a pigeon's egg, and is easily dissected loose. The tissues which compose it are hard and fibrous; a microscopical examination will be required in order to determine its exact character.—*Intern. Jour. of Surgery.*

CLASS-ROOM NOTES.

—*Tumors of the Subcutaneous Tissue* or of the intermuscular fascia, Prof. Keen says, should be removed as often as they recur, and if a limb is deeply involved it should be amputated.

—Prof. Wilson says that when *Rélapsing Fever* attacks the well-nourished, it runs a similar course and presents the same characteristics that it does when it attacks the destitute.

—Prof. Longstreth says in a similar number of males and females attacked with gonorrhœa the males will be found to suffer more frequently from *Gonorrhœal Rheumatism* than the females.

Whilst a *Keloid* is growing, Prof. Keen says, its removal by the knife should not be attempted; repeated scarification or multiple electrolytic punctures sometimes succeed in destroying it.

—Prof. Wilson says whilst those in a condition of poverty and uncleanness and privation are most often attacked with influenza, the rich who are surrounded with all cleanliness are often attacked.

—Plessure on a *Fungus Cerebri* by sponges or dressings sometimes, according to Prof. Keen, yields good results, but at other times convulsions follow the application of pressure, when it must be abandoned.