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ADDENBROOKE'S HOSPITAL, CAMBRIDGE.

EXCISION OF THE CONDYLE OF THE LOWER JAW.

By GEORGE MURRAY HUMPHRY, Esq., Surgeon to the Hospital.

CASE. A healthy young woman, aged 21 years, with dark hair and florid complexion, was admitted as an out-patient in January 1854, on account of a peculiar distortion of the face. The chin was thrust to the left side further than would, under natural circumstances, be practicable. This was caused by displacement of the lower jaw, the left median incisor tooth being opposite to, or a little beyond, the lateral incisor of the upper jaw, and the whole lower alveolar arch, with its teeth, being, in a proportionate degree, lateralised. Moreover, the jaw was placed obliquely; the right ramus and angle being on a plane lower than the left. When she endeavoured to rectify the position, the chin and left ramus were advanced forward, so that the corresponding teeth were brought nearly into opposition to one another; but then she was "underjawed." There was some fulness about the right side of the cheek, in front of the ear. The condyle of the jaw was a little more prominent than natural, and apparently a little in advance of its proper position. She could open her mouth as wide as ever, and close it again without pain, the movement being attended with a dull crepitus in the right jaw-joint, perceptible to herself, and to the finger placed over the part.

Two years previously her mother observed that her face was a little twisted. Gradually the distortion had increased, unaccompanied by any pain. She had perceived the sensation of crepitus, above mentioned, about ten months. Was not aware of having ever suffered from rheumatism; and the only injury she could recollect was a fall, fifteen years ago, when her forehead was cut open rather severely.

It was not easy to make out the exact nature of the case. But it seemed pretty clear that the distortion was caused by some enlargement of the right condyle of the lower jaw, which was situated on, or in front of the ridge bounding the fore part of the glenoid cavity. Thus, the right ramus had become depressed below its proper level, and an obliquity was given to the jaw. In her attempts to rectify the obliquity, the left condyle was advanced into a corresponding position with the right, and the whole jaw thrown forwards. It was probable that this alteration of the condyle was accompanied with some change in the glenoid cavity; but of this there was no means of judging for certain.

For a year she continued in regular attendance at the hospital, being very anxious for some remedy. After several blisters, iodine was perseveringly applied, without any decided benefit. Indeed, it was scarcely to be expected that much benefit would result either from external applications or from medicines. During the summer she was in London, staying with a friend, and saw several surgeons, who made no suggestion. The deformity rather increased; and the affection was a source of great annoyance; not simply by the disfigurement it occasioned, which was no slight detriment to an otherwise comely face, but also by the disagreeable crepitating sensation experienced during mastication,

and by its rendering her unable to catch the food between her teeth. In the latter part of October she asked whether it could be remedied by any operation, and expressed her willingness to submit to anything that offered a fair chance. Having considered the matter a good deal, I proposed to excise the condyle of the jaw on the right side, in the hope that the bone might then be brought into a better position, and a new joint formed, which would be free from crepitus. It was an uncertain expedient, and necessarily involved some risk of injury to the facial nerve. My colleagues thought it too doubtful to be recommended to the patient, who was acquainted with the result of our consultation. Still she persisted in the wish that some attempt should be made to relieve her by operation.

Accordingly, after a further period of two months, during which the disease made some progress, I made a curved incision from the side of the orbit across the zygoma to the ear, passing a little below the temporo-maxillary articulation, and a little above the line of the orbicular branch of the facial nerve; and a second incision from the termination of the first, directly upwards, in front of the ear, across the zygoma again, cutting carefully to avoid the temporal artery. The flap thus made was reflected, and, by a little dissection, the condyle was brought into view. Sufficient space being gained for a narrow saw to be passed down in front of it, I was enabled to cut it through from before backwards. This took some time, the condyle being thick, the bone hard, and the space to work in confined. When it was done, the condyle was seized with strong forceps, and turned out of its place, the remaining connexions being severed with the knife. It was much altered in shape, widened and flattened, having an uneven knotty surface, covered by structure presenting the appearance of fibro-cartilage. I found the interarticular cartilage lying in the back part of the glenoid cavity, misshapen, thick, hard, and knotty. The surface of the glenoid cavity was uneven; and, judging from the information conveyed by the finger, I concluded it had undergone changes similar to those in the condyle. When we examined the bone, we found that the saw had passed through the condyle, and that the jaw could not be brought into good position, because, as it appeared, a sufficiently large portion had not been removed. So I again applied the saw, and cut through the neck of the bone, removing the whole condyle with the attached end of the pterygoid muscle. This enabled us to bring the jaw into much better position. The two rami were on a proper level, and the incisor teeth were behind the line of the upper ones. My expectations had thus far been realised by the operation. The flap of skin was replaced, and maintained in apposition by four points of suture; and a bandage was applied under the skin, to keep the jaw in its place. The facial nerve and temporal artery had escaped injury.

The wound healed up quickly and soundly: the jaw remained in very good position. The deformity was, therefore, almost entirely removed, and the girl was soon able to masticate her food without difficulty or inconvenience—I need scarcely say, not a little gratified by the improvement that had been effected. Nine months afterwards, she continued to be quite well.

REMARKS. The disease in this case was evidently that known by the name "chronic rheumatic arthritis," which not uncommonly fixes itself upon some one joint, the hip more particularly, and leads to removal of the articular cartilages and alteration of the shape of the ends of the bones; that alteration consisting generally in flattening of

the convexities and expanding of the circumferences of the heads, and in widening of the sockets. It is also productive often of a knotty condition of the end of the bone, which may become covered with a sort of fibro-cartilage, as in this case. Frequently all trace of cartilage disappears, becoming rubbed away or absorbed; and the chafing of the apposed bony surfaces upon one another gives them a smooth, polished, "porcelain-like" appearance. It is not usually attended with acute pain; nor is the pain increased immediately by movement: indeed, it often diminishes or ceases if the movements be continued. Hence the patient commonly goes on using the joint. At the same time, the qualities of the synovial fluid being altered, and the structure of the cartilages being impaired, the latter are unable to resist the effects of the friction, and disappear, leaving the ends of the bones covered only by an uneven, imperfect, fibro-cartilaginous substance, which affords an insufficient protection, or quite exposed and chafing upon one another. The chief effects of the disease are, therefore, such as result from a continuance of the movements of the joint when the natural provisions against friction are imperfect or gone.

Our museums contain many specimens of the results of "chronic rheumatic arthritis": indeed, it is a disease of the pathology of which we see and know more than of the treatment. The sufferers are often, in other respects, in the enjoyment of good, even robust health; and they very commonly prefer to endure the inconvenience of the malady rather than submit to any tedious ordeal of treatment. Probably some decided form of local counterirritation is more likely to do good than any other means. I have seen much benefit derived from a seton and an issue.

The temporo-maxillary articulation is well known to be less often the seat of disease than most other joints. When it is affected, the malady in general bears the characters of "chronic rheumatic arthritis"; and incipient indications of its presence may be observed in the crackings and other uncomfortable sensations of a similar nature, which are not uncommonly experienced in one or both joints. These cause great annoyance while they last; but, happily, they for the most part subside after a time spontaneously, or yield to attention to diet and the general health. In one gentleman now under my care, they have resisted treatment for a long time; the joint, moreover, is stiff, and aches in the morning. It is seldom that the affection proceeds to the extent witnessed in the young woman whose case I have described. It is satisfactory to know, when it does so, that the treatment adopted in her case was so completely successful.

There was reason to believe that the glenoid cavity was enlarged and altered in a corresponding manner to the condyle of the jaw; but, considering the nature of the disease, we had every reason to presume that it would cease to progress in the one articular surface after the other had been removed. The condition of the patient at the present time sufficiently verifies this expectation.

ST. MARY'S HOSPITAL.

SURGICAL CASES.

Under the care of WILLIAM COULSON, Esq., Surgeon to the Hospital.

I. ABSCESS IN THE LUMBAR REGION.

THE diagnosis of the cause of an abscess presenting itself in the lumbar region is not generally a matter of any difficulty. Sooner or later, it is in most cases shown that caries of the vertebræ is at the root of the evil. It is, however, occasionally by no means easy to determine demonstratively that diseased bone exists in the neighbourhood, although the nature of the opening and the chronicity of the affection afford strong presumption that such is the case. When diseased bone cannot be detected, and there is no deformity of the spine or indication of a tubercular cachexia in the patient who is the subject of the affection,

the difficulties in the road to a positive diagnosis are not readily surmounted.

In the case given below, the latter combination of circumstances obscured the nature of the case; and, as the facts which came under observation with reference to it are interesting, we subjoin them.

CASE. Cornelius B., aged 21 years, a healthy looking man, with a ruddy handsome complexion, was admitted into St. Mary's Hospital Sept. 29th, 1855, under Mr. Coulson. The patient is a footman in a gentleman's family. He has always enjoyed good health, has never had any cough or hæmoptysis, and scarcely ever a day's illness. His family are all likewise healthy, his father and mother living. Two months ago, he had a slight feverish attack, with shivering. About one month ago, after taking rather a long walk, he felt a lump the size of an egg in the left loin. It was not painful, and might have been there for some little time without his knowledge. It has not prevented his walking about as usual, and has given him very little actual uneasiness since. From the date at which it was first observed up to the present time, it has slowly increased in size. He has not been at all lame, and has not at any time experienced pain in the spinal column. There is now a soft tumour, of the size of the fist, below the last rib, and about three inches from the median line posteriorly on the left side. Fluctuation is evident, and the fluid contents are not far from the surface. There is no tenderness on pressure either round the swelling itself or at any part of the spinal column, and no projection of the spinous processes, the line of direction of these being perfectly normal.

Mr. Coulson, having recognised the presence of matter in the swelling, opened it by a horizontal incision, and gave exit to some puriform fluid. The wound was ordered to be kept open.

Oct. 1st. The patient is rather feverish and hot, and complains of pain round the abscess in the back. A saline mixture, with tartar emetic, was prescribed every four hours; and a purgative administered.

Oct. 6th. Pulse rather quick; perspiration rather more profuse than usual during the night. There is no cough. The tongue is a little white; there is no appetite. The abscess discharges now much less than before, and the lint has been removed from the wound, which is now dressed with zinc lotion.

Oct. 10th. The last day or two there has been a little pain in the back, on the right side; and the patient has complained of coldness of the feet, with a little tendency to shivering.

Nov. 1st. Mr. Coulson directed the edges of the wound, which showed very little disposition to unite, to be touched with caustic every day. The wound has been repeatedly probed, but no diseased bone has ever been hitherto met with. There is no tenderness over the spinal column, and the patient does not walk lame.

Nov. 6th. The fistulous opening—for it has assumed that character—is now large enough to admit the finger; the discharge is in pretty good quantity. The patient feels quite well.

Dec. 16th. The opening has become somewhat reduced in size; the edges have the appearance so generally seen where there is a communication between the surface of the skin and diseased bone, but the latter condition cannot be detected.

Dec. 21st. There has been very little change in the condition of the opening since the last report; and the patient, feeling desirous of returning home, and being quite well in every other respect, was discharged. The further issue of the case must be regarded as doubtful.

II. FRACTURE AND DISLOCATION AT ANKLE-JOINT.

CASE. Joseph M., aged 43 years, married, a labourer by occupation, was admitted into St. Mary's Hospital Dec. 1st, 1855. A short time before his admission, the patient had jumped from a wall five feet from the ground, and, in so doing, sustained an injury. When he alighted on the