

**TRANSACTIONS OF THE
NEW YORK INSTITUTE OF
STOMATOLOGY. FOR
1896**

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ANONYMOUS

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B. M. J.

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OF

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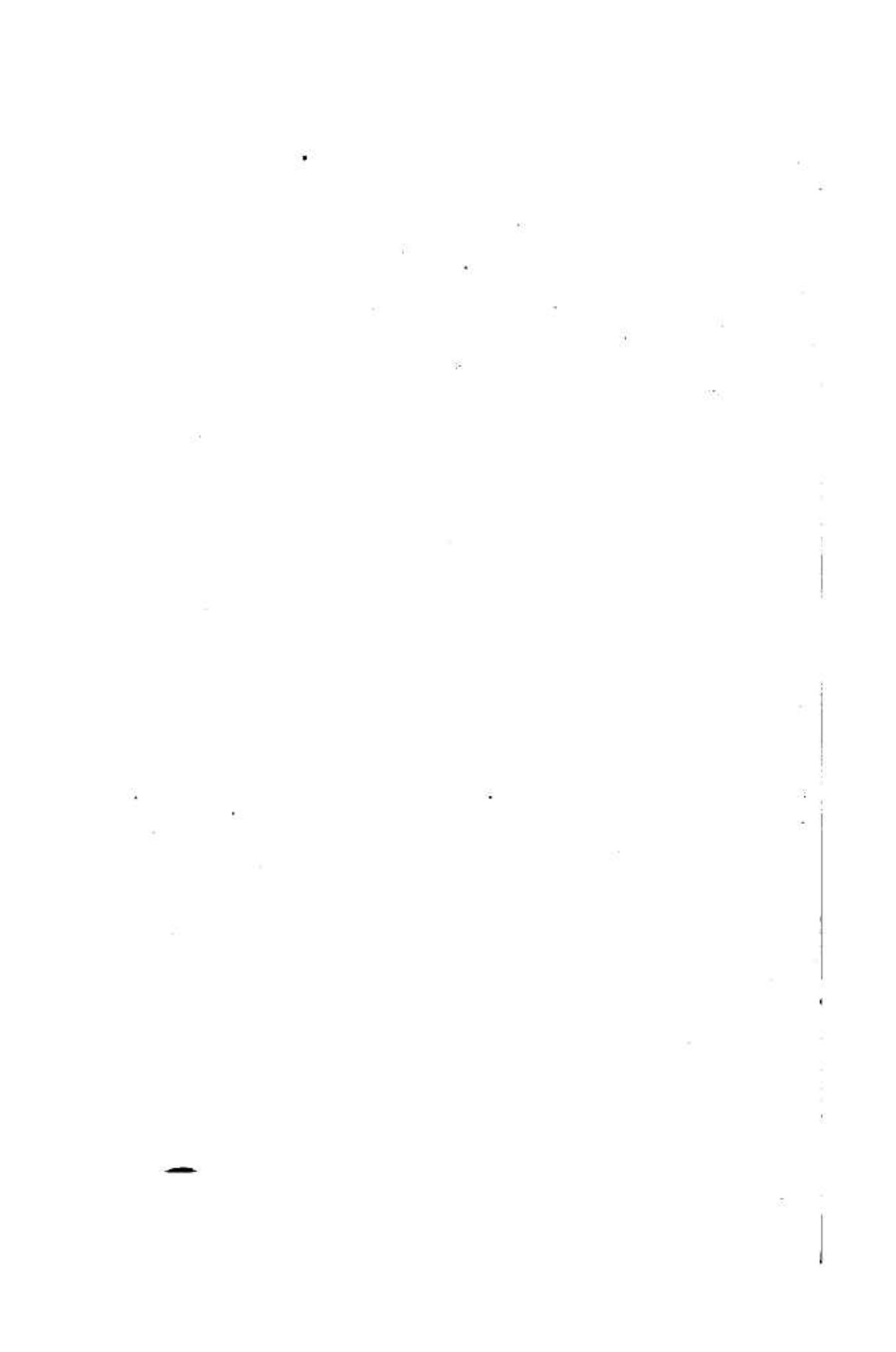
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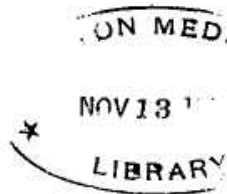
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THE
NEW YORK INSTITUTE OF STOMATOLOGY.

A MEETING of the Institute was held at the Polyclinic College and Hospital, 216 East Thirty-fourth Street, Tuesday evening, February 4, 1896, at eight o'clock.

The vice-president, Dr. C. D. Cook, presided, and introduced Dr. R. H. M. Dawbarn, professor of Surgery in the Polyclinic College and Hospital, who gave a clinical lecture and surgical demonstrations, as follows:

Dr. Dawbarn.—I notice that the cards of invitation announce a large number of cadaveric demonstrations, and in order not to disappoint you I have also brought some living subjects.

This young man, twenty-seven years of age, developed a sarcoma of the nasal pharynx. Its attachment was partly from the middle turbinated bone and partly from the pharynx at the base of the skull. It was so extremely vascular—bleeding freely on the slightest touch—that another surgeon who was asked to operate on it declined to do so because he thought the patient might die under the operation. Before he came to my hands Dr. Lederman had made thirteen injections of antitoxine, prepared from the streptococcus of erysipelas and the bacillus prodigiosus. By the time he reached the thirteenth injection he declined to go on, thinking there would be a funeral; and, indeed, they had wofully sapped his patient's strength. There had been absolutely no benefit from this treatment; and there is hardly a doctor in New York now who has any confidence in injectional treatment

save for the variety of sarcoma known as spindle-celled, and even that is *sub judice*. In the giant-cell and the round-cell variety antitoxine treatment proves absolutely useless, and it is a question whether in any other variety of sarcoma any better results are obtained by this method than from the injection of picric acid or of pyoktanin or methylene-blue. In this case the question arose whether I had a right to use the knife at all, because he bled so profusely. I started by tying both of the external carotids. You will notice that his neck shows a scar where I did that on each side. The operation was done last June, just before I went to Europe, and when I returned, in September, I found to my great delight that in the interval the tumor had shrunk to about a quarter of its former size from having almost its entire blood-supply cut off by ligation. If the circulation would only remain in that diminished condition we could expect a permanent shrinkage of the abnormal growth. The tumor remained small for two or three months further, and he said he felt better than he had for two years. Then it began to grow again from increased blood-supply, and it became a question of its removal. He consented to have that done as offering the only chance for his life. It was a desperate operation. I have never had quite as bloody a one, and that was a considerable surprise, because after having ligated the carotids we would not expect it. The hemorrhage was doubtless due to the fact that collateral circulation by anastomosis had been completely set up. The operation was done in this room three weeks ago. I will illuminate the mouth with this small electric light and show you the cavity. The incision runs from the prominence of the malar bone horizontally just below the orbit to the nose, thence along the naso-facial groove to the middle line, splitting the centre of the upper lip, and from this point along the roof of the mouth, at its centre, back to the soft palate, thence between the hard and soft palate on the affected side until the cheek is reached. The bone was partly sawn and partly chiselled along this whole length. The lower plate of the orbit was carefully preserved to maintain a support for the eye, which otherwise drops somewhat in the socket, producing a very objectionable form of diplopia. Upon incision of the growth the bleeding was very sharp. It came like pouring water from a glass. It was controlled by pressure of the fingers until the actual cautery could be applied. I now show you the tumor preserved in Müller's fluid; and here, too, I hand you the bones removed in this case. These are the entire superior maxilla (save its orbital plate), the palate bone,

the entire right turbinated bones, and about one-half of the malar bone. When the flap is stitched together over this great gap the deformity, as you see, is remarkably trivial. With a good dental prosthetic appliance, including a plumper for the cheek, I think no one at a distance of six feet would notice that anything had been done. Furthermore, if there should be a recurrence it can easily be reached through the free bony gap which is left. It will be a question for you gentlemen to decide for this patient, who to-morrow leaves the hospital, how best a half set of artificial teeth may be supported, whether part of the pressure could be brought to bear during mastication upon a broad leg of hard rubber carried up to rest against the orbital plate.

To replace the blood that was lost, while the subject was still on the operating-table, we injected into a vein at the bend of the elbow over two quarts of water as hot as the hand can bear, boiled and filtered, and containing about a heaping teaspoonful of common table-salt to the quart. Also a little strychnine was used hypodermically. The conjunction of these two forms the best means of preventing shock in grave operations in which the hemorrhage has been considerable. The result of this injection of warm salt-water was simply wonderful. Before we began to inject it the pulse was 140, and when we had finished it was down to about 80. Five years ago I spent my spare time during an entire winter experimenting, in the Columbia College Physiological Laboratory, on dogs in this matter, injecting after the withdrawal of blood hot salt-water in various degrees of strength and heat. In one instance, my assistant and myself both forgot to put any salt in the water, he supposing I had done it and I supposing he had; we injected plain warm water, and the result was that the dog died almost as quickly as if prussic acid had been given him. Professor Curtis, of the college, said death was due to the fact that plain water has the power to dissolve out the coloring matter from the red blood, thus destroying the red-blood cells. The addition of even six-tenths of one per cent. of common salt prevents this bad result.

I want to show you the latest improvement in the Nitze electric cystoscope. I got this while in Europe last summer. It is used for the illumination of the bladder in searching for possible stone or possible tumors, and to determine whether pus is entering from either ureter. We will use it here to illuminate the pharynx of this patient whose sarcoma operation I have just described, and you will be able to see with the clearness of day the walls of the cavity, and how much is left of the palate and interior of the nose.