

## Original Communications.

## A CASE OF PLASTIC OPERATION

PERFORMED FOR THE  
CLOSURE OF AN OPENING IN THE RIGHT SUPERIOR NASAL FOSSA.

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MARGARET KELLEY, æt. 21, native of Ireland, unmarried, admitted into New York Hospital, March 3d, 1869. Patient, now in the enjoyment of good health, states that about nine years ago, after scarlet fever, a dark spot appeared on the upper part of the nose, on the right side, and occasioned the opening which still exists. Its situation and shape are accurately represented in the accompanying figure, taken from a photograph. It is of an elongated ovoid form, one inch and a half in its vertical diameter, and three-quarters of an inch in its longest transverse diameter. It opens largely into the right nasal fossa, its outer margin approaches close to the inner canthus of the right eye. The skin at the margin is everywhere supple, and dips somewhat into the cavity. The interior surface, as far as it is visible, is healthy in appearance. The voice is unaffected. The disfigurement occasioned by the opening being very conspicuous, patient is naturally anxious to have it, if possible, removed. She keeps it constantly covered by a patch of adhesive plaster.

Operation, March 5th, under ether.

The skin at the margin of the opening was everywhere detached and everted, a process requiring extreme care, owing to the thinness of the skin, especially at the inner canthus of the eye. An exact pattern of the shape of the opening was then cut from

oiled silk, and served to shape the patch of skin intended to be raised from the forehead for closing the opening. The pattern was laid upon the forehead, so that the patch of skin to be raised should retain its connection above and corresponding to the left supra-orbital notch, where it would derive its support directly from the branch of the ophthalmic artery emerging from the orbit. The pattern was laid on, not vertically, but obliquely, so that its long axis inclined to the right side at an angle of about forty-five degrees with a horizontal line. An incision was now carried through the entire thickness of the skin around the edge of the pattern, and the included patch of skin dissected up from the pericranium, except below where it was to retain its connection. The dark line, *c, a, b*, Fig. 1, marks the boundary of the patch. A narrow strip of skin, covered partly by the eyebrow, intervening between the patch just raised and the upper and inner margin of the opening, was divided across at its lower end, *c, d*, and dissected up to make room for the patch. The patch was next brought round edgewise from left to right, and applied over the opening, thus making a circuit of a little more than a quarter of a circle. It was secured in its new place by two pin sutures inserted at opposite points near its base, and one at its extremity; these were wound with figure of eight turns of cotton yarn, and between them fine thread sutures were inserted close to each other. The narrow bridge of skin raised to allow the patch to be brought into place, was transferred to the bare surface upon the forehead from which the patch had been dissected up, and was found sufficient to fill it up, so that no bare surface was left uncovered. Fine sutures were employed to complete this adjustment and terminate the operation. Tepid water dressings were directed to be kept applied to the parts. The subsequent progress was favorable. Primary union took place throughout the whole circuit of the transferred



FIG. 2.

patch, except about one-fifth of its circumference, which bordered on the inner canthus of the eye, where union failed in consequence of the opposite edges of the wound becoming inverted. To remedy this defect, a second operation was performed April 6th. The ununited edges were pared afresh, and two pin sutures inserted with special care to evert the edges and hold their cut surfaces in contact. Additional fine thread sutures were also necessary to complete the adjustment. A perfectly successful result followed this operation. The transplanted patch in its new situation formed a rather conspicuous

bulging ridge, particularly across the upper part of the nose, where the twist had taken place. To remedy this disfigurement, a third operation was performed on the 17th April. A prism-shaped slice of skin was excised from the summit of the ridge along its entire length, and the edges accurately brought into coaptation and secured with fine thread sutures inserted close together. This operation did well, and accomplished what was intended, the levelling of the surface, and a great improvement of the appearance of the face. On the 4th May, patient was discharged, much gratified with her improved condition. (See Fig. 2.)

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## Reports of Hospitals.

### MANHATTAN EYE AND EAR HOSPITAL. A CASE OF ACUTE INFLAMMATION OF THE EXTERNAL AUDITORY CANAL, CAUSED BY IMPACTED WAX.

REPORTED BY D. WEBSTER, M.D.,

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D. H., aged 28, laborer, presented himself at Dr. Roosa's clinic, at this hospital, Nov. 1st, 1870. Five days previously his right ear was attacked with pain, tinnitus, and deafness, which symptoms had gradually increased up to date. He had slept but little for the last two nights, in consequence of the severity of the pain. He could hear the ticking of an ordinary watch at the distance of only one inch.

Upon examination we observed a little puffiness of mastoid process, some swelling back of the angle of the lower jaw and of the walls of the meatus. There was also some pharyngitis. Through the aural speculum the external meatus was seen to be plugged with hard wax. This was removed by carefully syringing the ear with warm water. Some pus was found in the canal, and at first the membrana tympani was thought to be perforated, but upon more careful examination it was found to be intact, though a complete examination of it was rendered impossible by the narrowing of the meatus consequent upon the swelling.

Poltizer's method for inflating the middle-ear was practised, and the patient was directed to fill his ear frequently with warm water.

Nov. 2. He said that the pain was so relieved, that he rested well last night, and complained more of a sensation of soreness than of pain. The tinnitus and swelling were undiminished, but the hearing distance had risen to ten inches. On using Poltizer's method, the patient felt the air enter neither ear, and when this was done again with the addition of the vapor of chloroform, as first practised by Dr. J. S. Prout, it was felt only in the left. He was directed to continue the use of warm water.

Nov. 3. The swollen walls of the meatus had become more sensitive to the touch, and the pain had returned. He was treated with the warm aural douche, Poltizer's method again used, and the entrance to the meatus stuffed with cotton in order to exclude the cold air.

Nov. 5. The swelling had increased. Dr. Prout, who saw the patient for Dr. Roosa, made two incisions in the walls of the meatus—one backwards, the other upwards. Pus followed the knife in the latter. The pain caused by the incisions was immediately relieved by the warm douche (Clarke's aural douche).

Nov. 8. He was again seen by Dr. Roosa. There was an abscess in the anterior wall of the meatus, just behind the tragus. This was opened, and a considerable quantity of thick pus evacuated. The meatus was as thoroughly as possible cleansed by syringing, and the use of pledgets of cotton.

Nov. 15. The swelling had so far diminished that the drum-head could be properly examined. It was covered with bits of wax and epidermis, which were removed by gentle syringing. The hearing distance was twelve inches. A week later Dr. Roosa pronounced the patient cured so far as the ear was concerned, all signs of irritation having disappeared, no tinnitus remaining, and the hearing function being restored to its normal condition. A gargle of alum and chlorate of potassa was used for his pharyngeal trouble.

A point of especial interest in this case is its causation. As the membrana tympani remained intact throughout, as even after the swelling had subsided small particles of wax still adhered tenaciously to the surface of the drum-head and of the walls of the meatus, and as no other cause could be assigned for the inflammation, we could not avoid the conclusion that it was due to the impacted cerumen acting as a foreign body.

Similar cases are very rare. Tröltzsch does not mention impacted wax as one of the causes of otitis externa, though he says that sometimes it sets up irritation in the walls of the canal and the outer surface of the membrana tympani, and the translator informs us, parenthetically, of a case in which it caused "acute inflammation and perforation of the drum" (page 83, 2d edition).

This is the only case of the kind that has occurred in this hospital during the two and a half years of its existence, during which time about eleven hundred and fifty ear cases have been treated.

## Reviews and Notices of Books.

FIRST MEDICAL AND SURGICAL REPORT OF THE BOSTON CITY HOSPITAL. Edited by J. NELSON BORLAND, Physician; DAVID W. CHEEVER, Surgeon. Boston: Little, Brown & Co. 1870. 8vo., pp. 684.

On the completion of the fifth year of the establishment of the Boston City Hospital, the trustees desired the medical staff to prepare an enlarged consolidated report. The duty of editing it was intrusted to a committee consisting of Drs. Borland and Cheever. All the departments have been represented, and general, medical, and surgical statistical tables have been added. The articles contained in this well-printed and bulky volume—made unnecessarily thick and unhandy from the heavy quality of the paper used—will compare favorably with those of the Hospital Reports published either at home or abroad. Some of them are of great value. The editors have been judicious in their selection, and the chief contributors have done their work well. The first article is on perinephritic abscess, by Dr. Henry J. Bowditch. Dr. David W. Cheever contributes Articles II., IV., VIII., XI., and XIII., respectively on excisions of joints, on displacement of the upper jaw, on reproduction of the tibia, on encephaloid tumor of tonsil, occlusion of the vagina, and a surgical abstract. Article III., cases of pneumonia, is by Dr. J. Nelson Borland. Article V., treatment of acute rheumatism, is contributed by Dr. John G. Blake. Article IV., by Dr. Howard F. Damon, is on the treatment of skin diseases. A very valuable paper on typhoid and typhus fever, by Dr. J. Baxter Upham, is Article VII. The two following articles are, an