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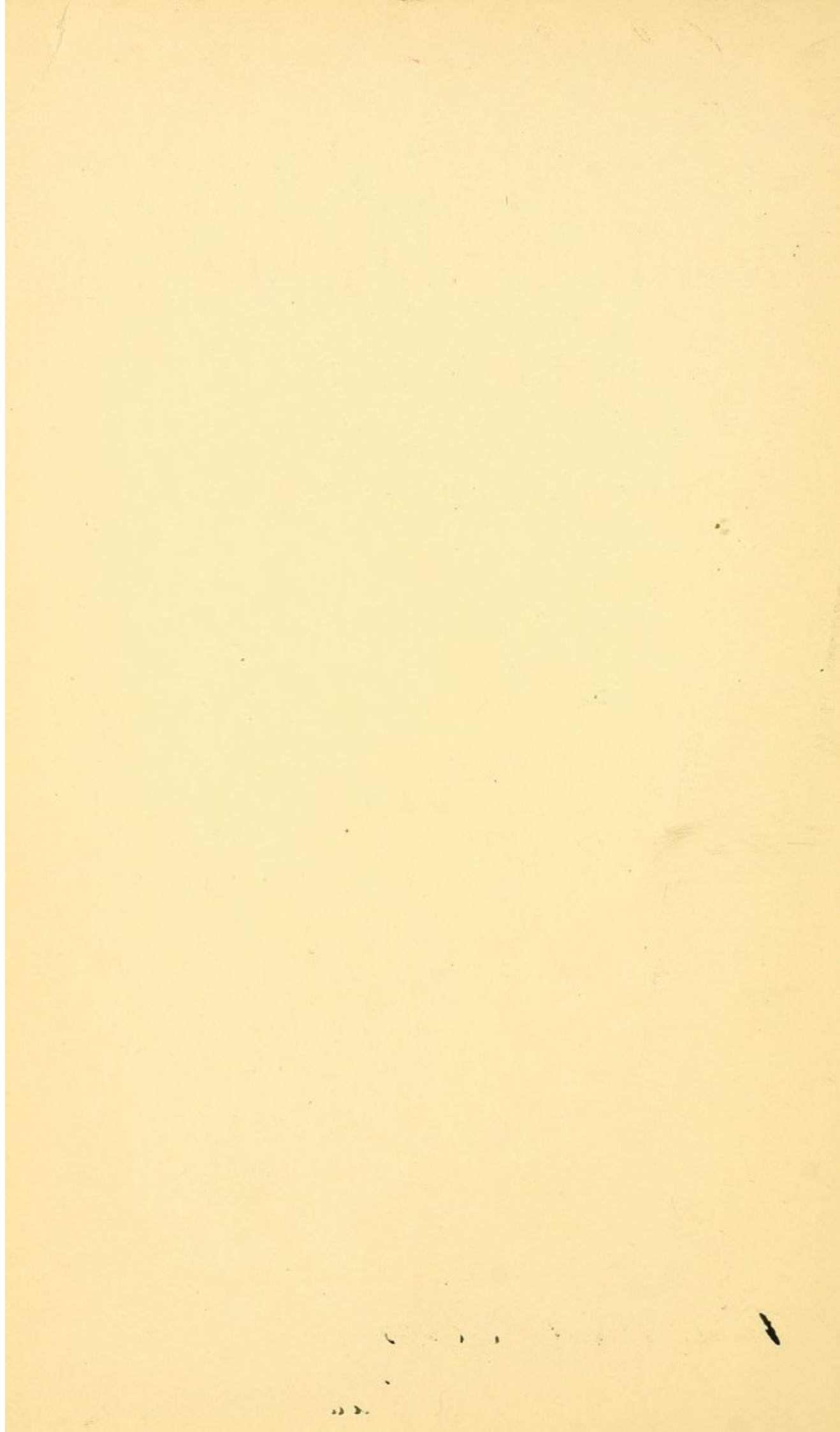
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Hayman (b. A.)

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Charles Greene Custon.

A CASE OF
FACIAL DISFIGUREMENT

RESTORED BY MEANS OF
An Obturator and Artificial Cheek and Eye.

BY
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THE BLIND ASYLUM, CLIFTON, THE HOME FOR CRIPPLES, &c.,
AND H.M.S. "FORMIDABLE."

LONDON:
CLAUDIUS ASH AND SONS,
6, 7, 8 & 9, BROAD STREET, GOLDEN SQUARE, W.

*With kind regards from
Charles A. Hayman.*

A Case of Facial Disfigurement,

RESTORED BY MEANS OF AN OBTURATOR AND ARTIFICIAL CHEEK
AND EYE.*

By CHARLES A. HAYMAN, L.D.S. ENG. AND L.D.S.I., OF BRISTOL
AND LONDON.

About two months ago, William Trotman, aged forty-six, called on me, after having had a great part of his face removed, in consequence of a large sarcoma on the superior maxilla.

1. **History.**—The history of the case is as follows:—About two years since there was a slight protrusion of the right eye and that side of the nose, and the swelling increased for six months.

An operation was performed upon him by Mr. Board, at the Bristol Royal Infirmary, who removed the superior maxillary bone, leaving the floor of the orbit. As soon as the wound was healed, the tumour recurred, and after six months the patient was again operated on. Six weeks later a swelling formed below the right eye; and after two or three consultations the surgeons decided that the right eye and floor of the orbit should be removed with the tumour. The patient would not submit, but left the infirmary. About six months afterwards he presented himself at the Middlesex Hospital; the tumour on the side of his face was then about the size of an orange, of a dark colour, and discharging blood and pus. There were no enlarged glands beneath the jaw or in the neck. After a few days' rest Mr. Morris operated, making the necessary incisions, and dividing the bones with cutting forceps; the tumour, with the eye came away *en masse*.

After the operation a large chasm remained, the roof of which was formed by the roof of the orbit, its inner wall by the septum of the nose, its outer wall by the outer wall of the orbit, pterygoid processes, and ascending ramus of the lower jaw. The floor was formed by the tongue and a portion of the soft palate, which was left intact. Posteriorly it communicated with the pharynx by a wide opening, in which, behind the posterior edge of the nasal septum, the trumpet-shaped orifice of the Eustachian tube of the sound side was fully exposed to view.

* Read before "The Odontological Society of Great Britain," Jan., 1889.

Contrary to the expectations of the surgeons, he made a good recovery, and an artificial appliance has been made which enables him to speak and eat with comfort, and at the same time gives him a presentable appearance.

2. **Model.**—When the man came to me, to see if I could do anything for him, I found in the first place it was necessary to get a model of the mouth. This was very difficult, as the lips were contracted after the operation, there being no facial muscles remaining to oppose those on the left side. But after modelling a tray in wax, and making it in vulcanite, a model was taken in A 1 composition, and an ordinary upper plate was made in the usual way.



Fig. 1.—Showing a huge chasm and exposing a large hollow leading to the pharynx, in which is seen the Eustachian tube, the trumpet-shaped orifice of which opens when the patient swallows

3. **Making Palate hold.**—This palate was very different from obturators used for congenital cases of cleft palates, and more difficult to hold in position, there being only one side of the natural palate on which to support the plate, whereas in congenital cases the cavity is in the centre of the mouth, leaving two sides on which to rest the obturator. So a slight flange of vulcanite was extended to fit outside the face in front of the ramus of the lower jaw and against the septum of the nose; then a large wedge of vulcanite was added to fit the posterior nares.

This had the desired effect; the palate was secure, and speech and mastication considerably improved.

4. **Model of the hollow Face.**—Being satisfied with the position of the obturator, a model of the remaining hollow was taken in bees'-wax. This was cast in plaster of Paris, moulded in sand, and casts and dies taken in metal.

5. A dental alloy plate made in two sections was struck up, soldered together, and accurately fitted to the face, care being taken that it fitted under the right ala of the nose, and that a piece of silver came over the bridge of the nose on which to solder the spectacles.



Fig. 2.—Showing the vulcanite obturator which closes the large passage leading to the pharynx, and makes up the missing right side of the hard palate.

6. The artificial cheek and eye were then modelled in wax to match the other side of the face; this was then moulded in sand, and metal casts and dies taken.

7. A large piece of dental alloy was struck between the metal casts (models) and fitted and soldered to the inner plate, like putting a cover to a box, a vent-hole being drilled to prevent the whole arrangement from warping while it was cooling.

8. **Position.**—In order to keep the mask in position, a strong wire was extended from the cheek round the right ear and a pair of spectacles

soldered on to the nose-piece; an elastic band joined the ends of the ear-pieces of the spectacles at the back of the head; this answers very well.

9. **Painting.**—The eye and face were then painted and japanned.

The case so far is satisfactory, the patient can eat and speak, and I think you will allow that his facial delineaments are to some extent not unpleasingly restored.

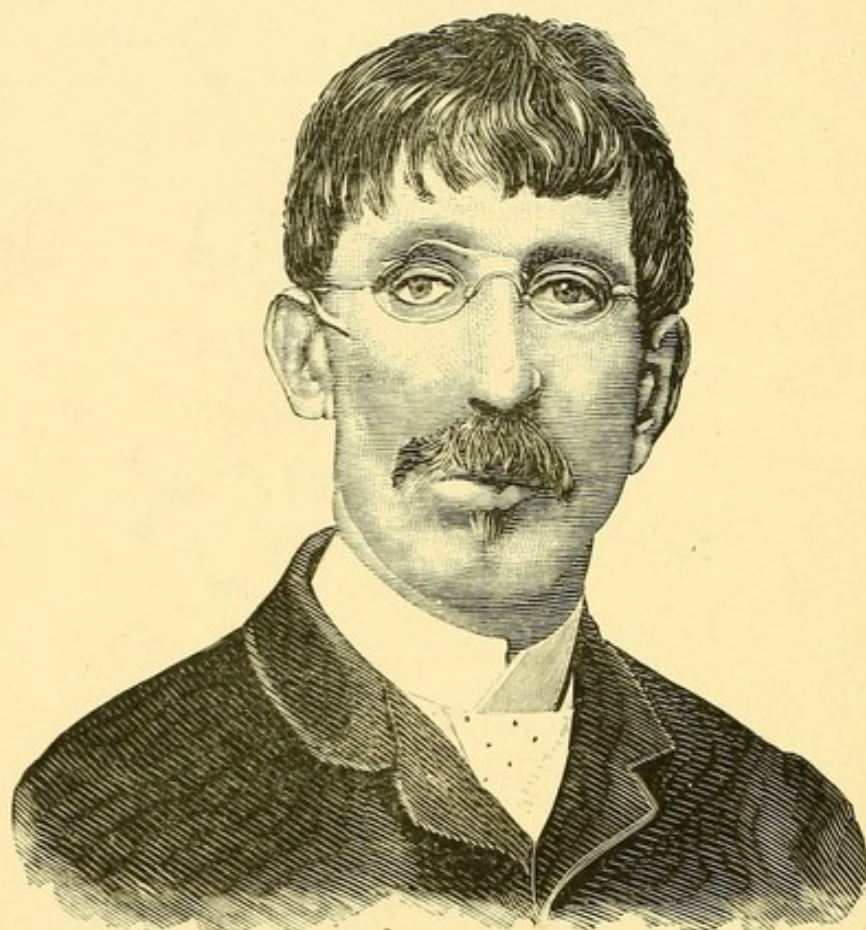
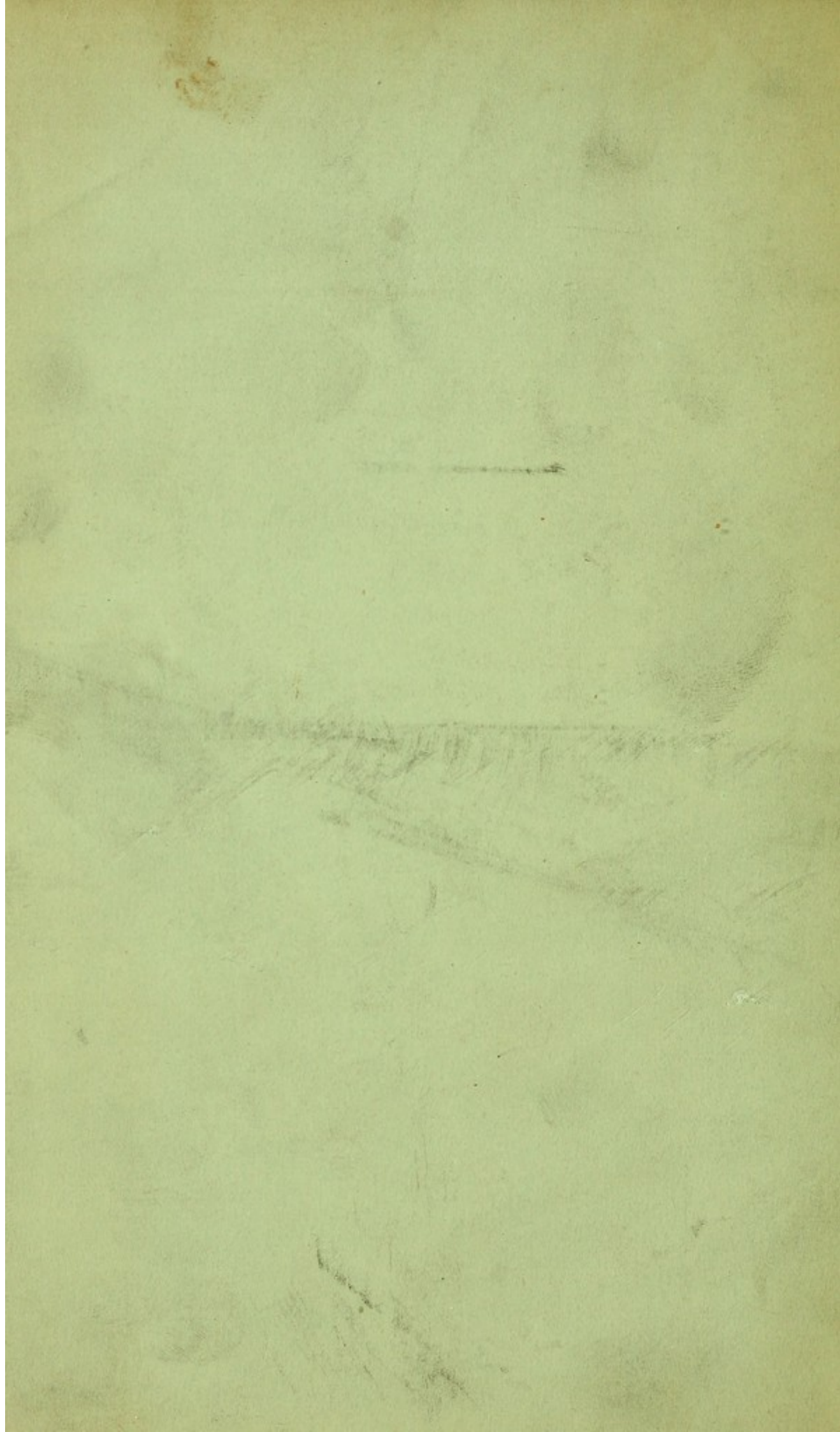


Fig. 3.—Showing the painted cheek and eye fastened on with spectacles.

Mr. Hayman, in reply to various questions asked by the members said: The palate is solid, I am sorry to say, because, of course, it is heavier on that account; but it was necessary, as it could only be made by a process of building up, small pieces of vulcanite being added to the original plate. The patient takes off the mask at night, but leaves the palate in, as I am apprehensive that he would otherwise catch cold. I have instructed him to keep the plate very clean. The large opening at the back of the artificial cheek had formerly to be kept full of cotton wool. If the apparatus hurts him at all he has to come to me at once. In reply to Mr. Charles White, Mr. Hayman said that the painted right side of face shown above (see Fig. 3) had only been worn for a short time, but that previous to it other faces had been worn for three or four months.



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