

mucous membrane into the cheek abscess immediately below Stenon's duct, near where the drainage tube entered the mouth, and several ounces of pus were evacuated.

The granulations and sac were curetted away, leaving only the skin unbroken. The wound was antiseptically packed. An incision was made through the gum and periosteum extending from the cuspid back to and along the ramus of the jaw. This was found full of pus and granulating tissue which extended to the top of the coronoid process, beyond which I could readily pass a probe up to and under the aponeurosis of the temporal muscle. Granulations and debris were also thoroughly curetted away and the wound packed. A similar condition existed under the temporal muscle which was treated in the same manner. Several ounces of pus and debris were removed. The wound which was made at the hospital was treated in like manner. The necrosed bone along the lower border of the zygomatic arch, and the malar bone which had become separated as above noted, was likewise removed. The necrosis here was quite extensive, and extended over the entire tuberosity of the superior maxillary. The inflamed places under and at the angle of the eye were not opened into at this time, as we hoped that as these greater wounds healed, the minor troubles would also disappear. The wounds were dressed twice daily for a week, during which time large quantities of pus continued to flow until the indurated condition disappeared. As this diminished the wounds were dressed daily. The temporal wound was the slowest to heal. Finding the inflammation under and at the angle of the eye showed little signs of abating, although cold compresses were applied constantly, I concluded to open and remove the cause.

On June 6th, by use of cocaine to relieve pain, I passed a knife through the mucous membrane just above the left superior second bicuspid, and by means of a grooved director, dissected away the tissues until the abscess at the angle of the eye was reached. I then made an incision in the periosteum one-half inch in length, through which I was able to curette and remove fully two drachms of pus and several flakes of dead bone. This wound was treated in a similar manner to the others, and readily healed. The abscess immediately below and near the internal angle of the eye was treated in a like manner, and with like results, the opening through the mucous membrane being made on a line with the lateral incisor. All wounds were healed within two weeks, and the swellings and the induration of the face entirely disappeared. The ugly scar in the temporal region was then dissected out, and the parts were drawn together by sutures and adhesive plasters, until healed, leaving only a slight linear scar.

The patient was dismissed and returned to her home, June 22; with all the wounds healed, the complete use of her jaws and the