

appeared in the old wound. There was no disfigurement of the face from the operation, and the only inconvenience was the loss of his natural teeth, as he was unable to wear the artificial substitute.

A lad 13 years of age was brought to me in March, 1893. Giving a history of complete nasal stenosis of some years' standing, a clear history of adenoids. He had been under medical care for years, the physicians failing to recognize the cause of his trouble. The discharge of pus from the mouth and nose caused the physician to refer the patient to a general surgeon, who in turn, referred the case to me, with the statement to the parents, that he believed the preservation of the jaws was preferable to their removal which would result in a hideous disfigurement from an operation at his hands. I have never operated on a more lifeless and waxy looking creature. The odor from his breath and body, which was steeped in pus, was most sickening. There was no time to lose. Desperate chances had to be taken to save his life. All of the upper oral and bicuspid teeth were so loose that but for the periosteal attachment they would have dropped out. There were large sinuses under the lips and the roof of the mouth through which pus exuded. The periosteum of the roof of the mouth was so filled with pus that it bagged. All of the bone of the superior maxillæ, anterior to the first molar including the palatal plate was necrosed, likewise the palatal bones and the inferior turbinates. The adenoids completely filled the nares and crowded into the antrum of Highmore, breaking down the walls, and advanced until the process of destruction was complete.

Pus oozed from all the loose teeth and through the sinuses, nose, mouth and out up through the lachrymal ducts into the eyes. The throat was so plugged up that breathing was very difficult and ptyalism extreme. At this operation I removed what I could of the adenoids, opening the nasal passage and partially cleaning the antrums, which was done with great difficulty, as the boy took chloroform badly, owing to extreme anæmia; the loss of blood was not so very great.

The loose teeth were supported by ligatures until held by the new bone.

The patient made very good recovery from the operation, and in forty-eight hours the improvement was noticeable. The wounds were dressed daily and through the sinuses douched every hour. Recovery was so rapid that in four weeks I was again able to operate, this time removing all of the necrosed bone and thoroughly curetting the antrums.

The boy made rapid strides toward recovery, and by May 1st I was able to perform the final operation, when I removed the remaining adenoids. Here occurred a profuse hemorrhage, but with per-oxide and hot water it was quickly checked.