

part of the nasal fossa. The left side of the nose is distended by the polypus, giving to the face the characteristic expression accompanying similar growths.

In view of the size and obviously fibrous character of the growth, as well as its inevitable tenderness, no other mode of removal than its direct excision at its point of origin seemed admissible, and this could be effected only by removing the upper jaw in a way and to an extent, sufficient to expose the whole nasal fossa.

*Operation.*—A vertical incision was made from the nostril through the upper lip, and the cheek dissected up freely from the bone. The maxillary bone was then sawed horizontally across just below the floor of the orbit, from its outer border to the nasal fossa; the intermaxillary suture was divided by bone forceps, the mucous membrane of the hard palate having been previously incised along the median line. A broad chisel inserted into the cut made by the saw depressed the bone, fracturing it posteriorly at its connection with the palate bones. By this displacement and without any further detachment the origin of the polypus could be easily reached; the growth, which consisted of many firm lobules, was cut and torn away from the sphenoidal bone into the cells of which it had penetrated. The point from which it grew was then thoroughly swabbed with Squibb's liquor ferri subsulphatis, care being taken not to bring it in contact with the cut surfaces of the displaced bone. No ligatures were required. The polypus being removed, the bone was replaced and held in position by a silver wire twisted around the incisors on either side of the median section, a cork wedge was placed between the posterior molars, and the lower jaw bandaged firmly against the upper.

On the ninth day after the operation the patient was out of doors, on the eleventh an attack of erysipelas confined him to his bed again for a fortnight, but with no detriment to the progressing union of the jaw, which was perfected sufficiently to permit the removal of the wire on Oct. 18th, five weeks from the date of operation (Sept. 14th.) On Oct. 28th, he was discharged from the Hospital by his own request. He had been able for ten days or a fortnight to chew meat with the teeth of the affected side, so firm was the union, and there was no deformity of the face, the trifling scar of the lip being invisible under his moustache. Two or three days before he left, a triangular piece of dead bone, about one inch long and one-third of an inch broad, came out through his nose. It appeared to be a portion of the palatal process of the superior maxilla.