

Dr. G. Silverthorn has very kindly made sections of the growth, and I will ask him presently to give you a description of the exact nature of the growth, and to show you the specimen, together with sections under the microscope. I am going to have a dentist make an obturator for the patient, and when this is done I think the deformity will be very slightly noticeable. Owing to the complete absorption of the floor of the orbit, the eye has become slightly displaced, and in order to prevent her vision being blurred, I have ordered her a pair of glasses, with an opaque glass on the affected side and a clear glass on the other, so that with these spectacles she can see perfectly. I might say that the eye sight on the affected side is perfect if the other eye be covered. As to prognosis, I think in this case it is extremely good, as the growth was chiefly a chondro sarcoma, and we were able to get entirely beyond it. In connection with the removal of a growth of this kind, I might say that one would expect a very large and alarming amount of hemorrhage. There is a considerable amount, but it is easily controlled with sponge pressure and forceps. Care has to be taken, of course, that the blood does not get into the larynx. After all larger bleeding points are secured, there may still be oozing from the large raw surface, and in this case I had a sponge on a holder applied to the surface, and pressure kept up by the nurse for six hours afterwards. The raw surface was rubbed over with iodoform dissolved in ether. As to the after treatment, it is very important to keep the part as thoroughly aseptic as possible. This we accomplished by spraying with 1 in. 60 carbolic solution every two or three hours the first week, and using hydrogen-peroxide about twice a day. In addition to this the surface was swabbed over about once a day with 1 in 20 carbolic acid solution.

*Diagnosis.*—In the diagnosis of these tumors of the upper jaw, there are three principal points to be attended to: 1, To distinguish the growth from fluid accumulation; 2, to determine whether it be simple or malignant; 3, to ascertain its primary seat.

1. In making the diagnosis from fluid accumulation in the antrum, the history of the case, and the uniform enlargements of the cavity without localized projection beyond any part of its walls the elasticity, and even the fluctuation that may, after a time, be detected, more particularly towards the outer side of the swelling, and at the junction of the mucous membrane of the cheek and the gum, will enable the surgeon to determine that it is not solid. But in many cases this is not sufficient, and it becomes necessary to make an exploratory puncture by means of the perforator, through one or other of the more thinned and expanded parts already indicated.