

## REPRODUCTION OF TISSUE.\*

By G. LENOX CURTIS, M. D.

Patient—Mr. X.—aged 55, Montreal, 18th March, 1896. History of case referred to me by Dr. W. Geo. Beers, Montreal.

Twenty years ago patient contracted syphilis, for which he was apparently successfully treated. After this he was in robust health until seven years ago, when suddenly the left side of his face became badly swollen, and soon after a discharge of pus flowed from the nose and throat; his breath was extremely offensive and nauseating; throat sore with annoying cough which led to bronchitis, which became chronic. From time to time, after a lapse of several months, the swelling in the face would recur, the discharge from the nose and offensive breath being constant, general discomfort and loss of vitality followed until January of 1896 when his condition became debilitated, although under the constant supervision of his physician, when he was referred to Dr. W. Geo. Beers to have some troublesome teeth extracted. The superior left incisors and cuspid were removed, being only attached to the gum. About this time his cough became exceedingly troublesome, his bronchial symptoms exaggerated, and general health bad.



Dr. Beers detected dead bone in the jaw of considerable magnitude, to which he called the attention of Dr. Craik, Mr. X.'s family physician, and advised a consultation with me. Dr. Beers douched the wound daily for six weeks, during which time the patient's general health somewhat improved.

Examination took place March 18th, 1896. I found cough harsh, expectoration profuse, appetite very poor, patient extremely debilitated, showing signs of long suffering and the effect of pus upon the system; exaggerated signs of pyæmia not present, yet sufficiently to show long suffering from blood poisoning. The left side of face was slightly swollen, which patient stated it had been for several years; there was a large opening in the floor of the nares, extending back to the soft palate, through which pus exuded and the rough necrosed bone could be readily detected. The area involved, was from the base of the molar to the second bicuspid to the median line, and as far back as the soft palate, involving the entire bony structure. The odor from the breath was sickening, caused by the extensive discharge of pus from the gums and nose,

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