

near by, without bending his head. He had not realized any special pain or discomfort from the tumor. Thinking the trouble arose from the abscessed teeth, his dentist extracted the upper left first bicuspid, which showed no evidence of being diseased. I diagnosed an osseous tumor of the antrum, and found that the malar and superior maxillary bones were completely destroyed by the direct pressure against them, only the periosteum remaining. Not only was the tumor directed outward, but downward, depressing the roof of the mouth and extending beyond the alveolar process against the buccinator muscle. An incision was made through the periosteum encircling the teeth, as seen in the specimen here presented, in which the tumor and teeth are attached, and it will be noticed that only a small part of the alveolar process remained intact. This with the teeth was removed, the entire side of the face falling into the cavity made by their absence, so completely was the malar and the superior maxillary bones destroyed. The inferior orbital ridge and zygoma only resisting the pressure of the tumor. A profuse hemorrhage followed its removal, but was readily checked by hot water. The wound was packed with aristol and gauze, and the contour of the face secured. The periosteum united with sutures. Through this opening the wound was dressed until the shape of the face was permanently restored. Time of operation twenty-five minutes.

The following day there was considerable œdema which readily subsided. From day to day the dressing was changed until the periosteum could support itself, and in two weeks the case was dismissed from the hospital. The antrum was douched daily until restoration was complete. An artificial denture was made to replace those lost, to give the normal fullness to the mouth. In this operation there was no external wound, consequently no necessity for ligature and no scarring of the face which would necessarily follow had the operation been done on the lines drawn in general surgery. The wound completely healed in six weeks with no deformity of the face. I have seen the case from time to time and in every way it is eminently satisfactory.

On Feb. 3, '93, I operated on a gentleman 73 years of age who, up to the year prior to then, was in robust health never needing a physician in forty years. He stated that he applied to a dentist to have the left superior wisdom tooth, which was loose, removed, it having elongated, owing to the loss of its antagonist. As the dentist was using the forceps, the patient noticed they were covered with blood, but before he could rebel against this outrage, a tooth had been extracted, which was found firmly attached and resistant. He saw that a sound and healthy tooth had been taken out by mistake. The dentist then removed the loose tooth with slight inconvenience. The wound made by the extraction of the teeth