

It is a satisfaction to know that "these growths can be removed, and when done will not recur." The evil is that they lead to results which may be very serious.

Leaving Dr. Hooper's paper, I wish to present a case which seems to emphasize in a marked degree just what has been referred to. It is a case of malformation of both the upper and lower jaw, with irregularity and protrusion of the upper front teeth, a model of which I here present. (See cuts No. 6 and 7.) It is of a twin child (brought to me in the spring of 1887), about twelve years of age. She had been for years a sufferer from catarrh, so-called and treated, for deafness, and was at the time spoken of under treatment by a specialist. In a few weeks he was able to remove what proved to be a gold cuff-button from the nose. Needless to say, improvement to health immediately became manifest, and I began the correction of some of the irregularity of the superior teeth, the result of which is highly satisfactory. Upon investigation and inquiry, I found that at about the age of three years, a boot-button was removed from the nose of this child by a surgeon in London, Eng., on the same day it was placed there by the child. But events go to show that the cuff-button was already in the nose when the boot-button was taken away. Up to that time she was a healthy child, but soon after stains appeared on her pillow, and she had to make frequent use of the handkerchief. The discharge ceasing at times for days, pains in the head would occur, followed by relief when the discharges began. The last two years large quantities of dark-colored matter came away night and day, and she was very deaf at times. Her articulation was very imperfect, sleeping with her mouth open, and in fact during her waking hours her mouth was seldom shut.

Now, it would seem that this gold button had produced similar conditions that adenoid growths do, impediment to nasal breathing, open mouth, and an influence which, I think, has escaped Dr. Hooper, viz: the effect of the tongue lying within the lower jaw causing it to widen and expand beyond the upper. If the conclusions arrived at by the writers on this subject are to be accepted—such as atmospheric pressure exalting the superior arch, impeded air passages preventing development of the facial lines—it would be reasonable to expect that the weight and force of the tongue would have a similar effect upon the lower jaw, causing the bicuspid and molar regions to be pressed outwardly. That it has so in this case cannot, I think, be doubted, for it will be seen by the models that the molars and second bicuspid of the lower jaw are outside of the normal articulation. The depression of the superior bicuspid and sixth-year molars is also quite marked, and in this case a very short upper lip