

the teeth have been extracted with a view to remaining out, the portion of the jaw which is required to nourish them is not reproduced, but where the teeth are replaced and retained, all, or sufficient, of the bone is reproduced and reattaches them to the jaw. Such I have seen in active use for years.

The only condition I can ascribe for the removal of the periosteum is where it is attacked by disease, such as cancer, and the entire structure destroyed. When the bone alone is destroyed, as in necrosis, cystic tumors, or from pressure by resistance of a growth, as tumor of the antrum, I see not the slightest necessity for removing this natural sheath, but on the contrary every reason for retaining it. I have seen Billroth, Von Borgmann, Agnew, Ashhurst, Garretson, and other great surgeons resect the jaw, but they invariably employed Huyfelder's, Fergusson's or Landenbeck's method, except in necrosis where but small sections were involved. Liston, Tait, Barton, Mütter and Cross also followed on these lines. But what can we say for the subject? Partially or wholly jawless, maimed and disfigured for life, a repulsive and pitiable object to others and a shrinking annoyance to himself. Is it not time to call a halt and look this matter squarely in the face?

I do not censure the surgeon whose opportunities to acquire knowledge have been dwarfed by the oversight of his teachers.

My method to obtain the best results in the preservation of the contour of the jaw, is by retaining the necrosed bone in position until the periosteum has been so strengthened by the reproduction as to allow nature's outlines to be maintained, employing it as an inter-osseous splint. Where it is necessary to remove the bone, I retain the contour of the face by gauze packing and change from time to time until the bone is sufficiently reproduced to resume its shape. This requires frequent dressing so that the amount of pus may be kept at the minimum. The teeth are retained in position by means of inter-dental splints or ligatures. Where the teeth are lost, I place other teeth in the opening when the wound is nearly closed, maintaining them by artificial support and allowing the bone to form around them. Where the destruction of the bone has been great and the periosteum too weak to retain the jaw in position during the process of reproduction, I use an inter-dental splint (as employed by Liston over fifty years ago) in which the upper and lower teeth properly occlude. By hastening slowly, the danger of wounding the dental nerve is materially lessened.

I was once asked to assist a general surgeon to remove one-half of the inferior maxilla, he claiming it to be Sarcomotis. I saw nothing but an enlargement of the sub-maxillary gland due to the septic influence of a tooth-pulp. I labored with him to save the man's jaw and show the error he was falling into. He defiantly replied, "I have said that it is a cancer of the jaw and must be taken out,