the antral route. This I did at St. Michael's Hospital on March 21st, assisted by Dr. Oldright.

The anterior wall of the antrum was laid bare, through a Y-shaped incision, and the infra-orbital nerve, as it emerges from the foramen, was isolated, and a silk ligature placed around it to act as a guide, and the nerve divided beyond this. A square hole, measuring three-quarters of an inch in each direction, was cut out of the front wall of the antrum with a chisel. This was so planned that the foramen was situated slightly above the centre of the hole. An electric head lamp was used to throw light into the antrum, and a smaller hole, similarly shaped, was cut in the posterior wall of the antrum. Then, with a director, the floor of the infra-orbital canal was broken through, so that the nerve was set free, and could be traced back into the spheno-maxillary fossa. There was a good deal of hemorrhage from the spheno-maxillary fossa, which was controlled by sponge pressure.

As soon as it had ceased the nerve was divided with a long pair of scissors, close to the foramen rotundum. The portion removed measured a little over an inch and three-quarters. The skin wound was closed without drainage. The supra-orbital nerve was now exposed by a transverse incision, and as much of it removed as possible. These wounds healed by first intention, and the patient was able to leave the hospital in two weeks time, having considerable relief from his pain.

After being home for a couple of weeks he wrote me that the pain had returned again, although not quite so severe as formerly. I told him that he had better wait for two or three months, and if, at the end of that time, the pain was not considerably relieved, I would remove the Gasserian ganglion. At the end of another week, however, as he was still suffering considerable pain, he decided to return and have the further operation done.

Then, at St. Michael's Hospital, on the 2nd of May, I started in to remove the Gasserian ganglion by the Hartley-Krause method, assisted by Drs. Nevitt and McCollum. Dr. Crawford gave chloroform.

An omega-shaped incision was made in the temporal region, with its base at the zygoma. The squamous portion of the temporal bone was trephined with a one-inch trephine half an inch above the zygoma, and a square portion of bone mapped out with saw cuts. The upper horizontal saw cut was placed about three inches above the zygoma. This was joined by a vertical one extending in front of the ear, and anteriorly by another saw cut half an inch behind the external angular process of the frontal bone.

After the disc of bone was removed with the trephine, the