

of procedure should be a threefold process of sterilization, viz.: The field of operation, the hands of the operator, and the instruments with which the operation is performed. Then, and then only, can we rest assured that not through any omission or carelessness on our part has transmission of disease taken place.

A case of tertiary syphilis came under my observation about a year ago, which may prove of interest to those present. The lesion was in a woman aged about 40 or 42, and married, and was first examined by me in October, 1898, and presented the following features: The superior left first and second bicuspid had been extracted in 1895, and the parts healed in the usual manner. When the jaw was examined last fall it was found that the gum alveolar process and periosteum, which should have been present from the cuspid to the first molar, were entirely absent. The bone in this locality was necrosed, discharging pus. The cheek could be drawn out and a probe passed up between it and the outer plate of bone, to the infra-orbital ridge. The left cuspid, central and lateral, were somewhat loose. Near the locality of the socket of the first bicuspid, a probe could be readily passed up into the antrum, from which pus could be drained. There was little sensation in any part of the bone or gum in the immediate vicinity, and no bleeding on irritation. The first evidence of trouble in this location was about two weeks before the case was examined. At that time a swelling occurred on the gum between the cuspid and first molar. It soon broke and discharged, which discharge continued up to the time of examination. A quantity of the pus was collected and examined under the glass for traces of the bacilli of tuberculosis. None were present. At the next visit inquiry was made into the patient's history, when the true state of affairs became evident. About four years before, the patient had pustular eruptions on the arms and limbs, some of which broke and discharged. At or near this time she also had glandular swelling, accompanied by sore throat. These symptoms in time subsided. Later she became afflicted with terrible neuralgic pains in the head, and finally small nodules made their appearance on the skull. Portions of the patient's hair began to come out. Shortly afterwards she had a premature delivery. After the case was examined in October the treatment was as follows: A medical practitioner was consulted and the patient put on an antisyphilitic course of treatment. The parts affected were washed out twice daily with hydrozone to keep free from pus, and daily with a solution of scale pepsin in nitro-muriatic acid (dil.) to assist in the formation of a sequestrum. The part was kept packed with iodoform gauze. In one week's time the piece of necrosed bone began to loosen, and two weeks later was removed en bloc and the cavity thoroughly washed out. The piece removed was probably one and one-half