

appearance of her face returned to its normal condition, save the marked paralysis which resulted from the treatment between April 19th and June 1st. Before leaving the city she presented herself at the office of the surgeon who did these first operations, and showed him the results of conservative oral surgery, asking him to note well the facial paralysis which he admitted to her he was the cause of.

Loyal to my fellow-practitioner I shielded him from his error, and prevented suit being brought for malpractice by her husband against this surgeon, who claimed to be a specialist in everything, by stubbornly declaring that I would be a witness for the defendant and swear that in my judgment he treated the case as taught in our college and text-books and according to his best ability.

To impress more definitely upon the minds of the readers of this paper perhaps the most potent cause of temporal abscess, I will narrate the history of another and similar case to the one already given.

Mr. L. presented himself with the characteristic swelling in the temporal region and complaining of great pain. Deep fluctuation was readily observed, denoting the presence of pus beneath the temporal muscle. The gums along the alveolar border extending back of the cuspid were highly inflamed and œdematous. The root of the first bicuspid tooth was found almost covered by the gum and abscessed. This had from time to time given him considerable trouble. Attributing to this the cause of the trouble, I removed it and found that I could pass a probe beneath the periosteum as far back as the wisdom tooth. An incision was made through the gum and periosteum extending well back along the ramus. This enabled me to pass a large probe beneath the periosteum up the ramus and beyond the coronoid process, following the temporal muscle until I had reached the abscess, the pus from which flowed freely down beside the probe and out into the mouth. The bone immediately under the periosteum was covered with granulations and pus. This, along with that underlying the temporal muscle, was curetted away. The wound in the jaw was packed, while that in the temporal region was douched and sterilized twice daily, and applications of ice were made to the exterior. The stiffness of the jaw at once began to improve, and in a few days it was normal in its action. The treatment covered a period of ten days, when the patient was dismissed cured, and now nearly four years have elapsed without any sign of return.

The origin and progress of this case were identical with those of Mrs. M. already mentioned, and had she had similar treatment at the same stage of her disease, the result would have been as happy as in this case and without any external disfigurement.

A similar but more perplexing condition than that referred to above, is one with the following history and results: Four years