

line, the line of the teeth not being displaced nor the walls of the antrum expanded. Yet it must be borne in mind that the difficulty of diagnosis is greatly increased by the fact that a tumor, though not originating in the antrum, may find its way early into this cavity, or may pass into the orbit through the spheno-maxillary fissure, and make its way forward amongst the bones of the face.

*Treatment.*—In the treatment of tumors of the upper jaw and antrum, nothing can be done except to extirpate the growth. When once a malignant growth of this part has passed beyond the osseous boundaries of the antrum, the question of removal becomes more difficult to decide. In reference to this point, I think that it may be stated generally that, if the cheek be freely movable over the tumor, and the lymphatic glands unaffected, the operation may be undertaken.

*Complete Excision of the Upper Jaw.*—The operation of excision of the whole upper jaw, together with the malar bone for tumor of the antrum, was first proposed by Lizars in 1826, though Gensoul, of Lyons, was the first man by whom the operation was actually performed, in May 1827. Since then it has been practiced repeatedly, and the names of Liston and Fergusson are inseparably connected with it, for the skill with which they devised, and the boldness with which they carried out the various steps of its performance.

Dr. Silverthorn, to whom I submitted the specimen for examination, reports as follows:—

Left upper jaw, with tumor attached, removed by the usual incisions and saw cuts for excision of the upper jaw.

Left central incisor has been recently removed, lateral incisor and the two bicuspid still intact and healthy.

In the usual situation of the three molars no trace of them is to be found, but extending from the second bicuspid backwards to the end of the alveolus, and internally to nearly the sawn edge of the bone, and outwardly one-quarter inch past the line of the alveolus, is a whitish mass somewhat uneven on the surface and projecting downwards one-third inch past the level of the palate.

This mass rises gradually from the bone all around, and is not pointed, but is unevenly flat on the surface, and is covered with mucous membrane intact, except for a new scar on its most prominent part, where a small portion was removed some days ago for microscopical examination.

This mass is hard to the touch, but is not "bony" hard, and on being cut into seems to be somewhat cartilaginous for a distance and then hard, gritty spicules are met with.

The anterior part of the upper jaw is intact to the line of the saw cuts, and includes the orbital plate, and this extends