

tached to the bone, from the mental foramen to the angle of the jaw, and was throughout this extent incorporated with the substance of the bone. The disease dipped deeper into the bone at its middle portion, and when removed from it, left some of the cancerous matter in the cavities of the latter. It passed behind the angle of the jaw bone, and caused erosion of the osseous structure at this point, and for some distance on the inner part of the ramus. Corresponding to this situation externally, it was adherent to the periosteum, but did not affect the bone itself—this was the part of the mass already described as proceeding towards the parotid gland. The substance of the tumor, and that contained in the structure of the bone, were proved by microscopic examination to be perfectly identical.

Two o'clock p.m.—Feels comfortable and free from pain; pulse 80, soft and full; surface warm; no hæmorrhage.

Six o'clock, p.m.—Has taken some gruel; feels comfortable; no bleeding; pulse 80.

Ten o'clock, p.m.—Going on well.

Jan. 14.—Says he has slept none during the night; appears tranquil.

Jan. 15.—No change; to have beef tea and gruel.

Jan. 16.—Doing well.

Jan. 17.—The sutures and needles were removed to-day, and the wound was found to have united throughout its whole extent, except for a space of about an inch and a half at its lowest border. Through this opening, matter is freely oozing. The flap was supported by straps of adhesive plaister, and a chloride of sodium gargle ordered to be used frequently, to control the fœtor.

Jan. 27.—The lower part of the wound looks healthy, and granulating; heligatures are however still adherent.

He is able to walk about, and takes food of a more consistent nature.

Jan. 28th.—The ligatures have also come away—going on well.

Montreal, Feb. 1, 1851.

ART. XLVII.—*Case of Scarlatina, with Immense Tumefaction of the Amygdalæ and Laryngo-pnaryngeæ Mucous Membrane Threatening Suffocation; Operation of Tracheotomy—Recovery.* By ALFRED JACKSON, L.R.C.S.E., *Visiting Physician to the Marine and Emigrant Hospital, Lecturer on Chemistry and Clinical Surgery Quebec School of Medicine, &c.*

I was called at 10 o'clock in the morning of the 23rd October to see James Black, aged 13 years. The boy had been complaining for two or three days, previous to my seeing him, of slight indisposition, but had been to school the day before. While at school he complained of sore throat, and was sent home by the master. At the time of my visit I found him with fever, skin red particularly about the face and chest, considerable difficulty in respiration, pulse 80, tongue slightly coated; the parts about the fauces highly inflamed, tonsils very much tumefied, considerable difficulty in articulation. No tumefaction about the external parts of the throat, bowels had been freely moved by senna and salts the day before. Ordered leeches to the external parts of the throat, to be followed by hot poultices, and to take saline mixture with small dozes of tartar emetic once every three hours.

Seven, P.M., leeches bled well, but the tumefaction, and consequently the difficulty in respiration, had increased; the latter to such a degree that at each inspiration the head was thrown back, and a sound produced similar to that heard in some cases of croup. I requested a consultation, and Doctor J. A. Sewell saw him with me about