

as far back as the angle of the jaw. The attachments of the buccinator were next divided. The facial artery, the sub-mental and the sub-lingual, already cut, were then secured by ligature. It was now seen that the bone was partially separated at the symphysis, and that the necrosis was complete from that point to the anterior portion of the ramus. The ramus itself was found diseased; the periosteum, externally, was inflamed, and in some parts easily detached. The tongue was now grasped and held forwards, while the attachments of the genio-hyo-glossi muscles were divided. A double ligature was passed through the anterior part of the root of the tongue, and entrusted to an assistant, in order to prevent its retraction upon the superior orifice of the larynx. A fatal case, from the falling backwards of the tongue, occurred a few years ago, in the practice of an eminent surgeon; and a similar misfortune should always be guarded against when the muscular attachments of the tongue to the posterior part of the bone behind the symphysis are divided, a slight force exercised upon the left half of the body of the jaw, broke the connection at the symphysis and at the angle, and this part was easily removed. The next step consisted in the removal of the left ramus. The external surface of the branch of the jaw, and of the temporo-maxillary articulation were exposed, by dissecting the masseter upwards, as far as the zygomatic arch. Seizing the ramus in order to pull the coronoid process downwards, below the zygoma, it was found that the temporal muscle was rigidly and permanently retracted. This circumstance presented an unexpected difficulty, which was increased by the unusual development of this apophysis, and by the retraction also of the pterygoid muscles. Passing the fore-finger along the inner aspect of the ramus, the situation of the internal and external carotids was sought for and recognized. The insertion of the pterygoideus internus was then felt and cut, grazing the bone in doing so; the lingual nerve, here in close proximity, being carefully avoided. Passing still higher up, the orifice of the dental canal, indicated by an osseous projection could be felt; and the instrument, still guided by the finger, divided the dental artery and nerve.

The knife was thus made to separate the tissues attached to the inner face of the bone, as high up as a point situated about a line below the sigmoid notch, between the condyle and the coronoid process. On a level with this point, at the posterior margin of the ramus, the transverse facial, internal maxillary, and temporal arteries form a kind of tripod, the two last-named branches of which should not be divided, if possible. It now became necessary to detach the tendon of the temporal muscle. As the coronoid process could not be depressed, I proceeded cautiously, by dividing the lower attachments of the tendon, by means of blunt curved