

few drops of pus in the syringe. We will, therefore, make an incision into the abscess cavity, and this I will do with the assistance of ethyl chloride to freeze the skin. For the incision I choose the middle line so as to avoid vessels of any size. After cutting the skin I use a director to separate the connective tissue down to the mylohyoid muscle. The abscess cavity is above this so an incision must be made through it. As soon as this is done you notice the pus comes freely. I will now wash out the cavity with boric acid solution and introduce a drainage tube, and in a few days I expect to see him well again and able to swallow in the usual way.

The second case is one in which dysphagia arises from interference with the second act of deglutition. This is Capt. J. O., aged 57, a retired sea captain, whom eighteen months ago I saw in consultation, when he had a cerebral haemorrhage. You notice his facial paralysis on the left side at once. The haemorrhage was at the base of the brain in the middle fossa, and must have been close to the internal auditory meatus, for the symptoms pointed to pressure upon both the portio dura and the portio mollis of the seventh pair of cranial nerves. There was also some slight pressure upon the sixth cranial nerve, but with this we are not now concerned. The ear remains deaf and the left side of the face is completely relaxed. At that time he had the usual difficulty in mastication which accompanies facial paralysis, but there was no dysphagia. As you know the lingualis is supplied by the facial nerve through the chorda tympani. The lingualis is the intrinsic muscle of the tongue, and that it is involved is at once evident in this case when I ask the captain to put out his tongue. You will observe that the tongue is drawn to the right side from the unopposed action of the muscles on that side. The levator palati and the azygos uvulae are also, probably, supplied from the seventh nerve through the large petrosal nerve, Meckel's ganglion and the vidian nerve. But the loss of function of these muscles does not produce dysphagia. Now a few days ago the captain came to see me, saying he had been unable to swallow anything for four or five days, and this had been accompanied by a severe cold and sore throat. He was quite hoarse, and