operation. The patient stated that recently there had been great activity in the growth, and she suffered much, especially at night, from pain in the ear on the affected side. The family history was on the whole good. On inspection, the tumor was seen externally extending from behind the angle of the jaw to within an inch of the symphysis menti. On the buccal aspect the growth was found very prominent, and pushing the tongue towards the right side, and to a certain extent interfering with both speech and deglutition. The growth also extended downwards below the ramus of the jaw. The integuments over the tumor were apparently healthy, and were freely movable over its surface. The external surface of the tumor was hard, but on the inside, where it projected into the mouth, some portions of it were soft and crepitating.

The case being one which clearly indicated operative interference, I recommended removal of the affected part of the bone, and the patient willingly consenting, I commenced by making a free incision an inch behind the angle of the jaw, and carried it forwards and somewhat behind the bone to a point corresponding to three-quarters of an inch to the left of the symphysis menti, and then vertically upwards towards, but not through, the red border of the lip. The transverse facial artery was severed by this incision and both proximal and distal ends secured. With a periosteal raspatory, an opening at a point where the anterior section of the bone was to be made into the mouth was accomplished, and the bone divided by means of a chain saw. This section was effectually and rapidly carried out and without any difficulty. The soft tissues were thus, partly by the scalpel and partly by a raspatory, detached. On reaching the coronoid process and portion of the bone posterior to it, I found that the disease had extended much further backwards than I had anticipated. The coronoid was expanded by the cystic growth, and the same might be said of the cervix and condyle of the bone. This portion of the bone I have never previously seen affected in this manner. Owing to the cystic development here the bone, in my efforts to remove it at the articulation, broke down, and had to be removed piecemeal. At this stage of the operation the hemorrhage was very severe, and I greatly feared some of the larger branches of the internal maxillary artery had been wounded. Happily, I succeeded in arresting the hemorrhage by ligation and pressure, and no further trouble from hemorrhage was experienced. The wound was then securely packed with iodoform gauze, and the edges brought together by a continuous silk suture.

The patient rallied well after the operation, and suffered little from either shock or pain. The temperature and pulse remained practically normal, and the wound healed by first intention. The