

widely in the symptoms accompanying each. In the first case, the growth was rapid and the nasal portion of the disease bled freely when touched, and from it, profuse hæmorrhages had spontaneously proceeded; whereas, in the second case, the tumour was slow in its growth, and even when punctured with a trocar, exhibited no tendency to hæmorrhage, nor did any fungus sprout from the opening thus made—consequences so frequent, that few surgeons like opening into, or otherwise meddling with, such growths. In fact, though the patient's countenance indicated malignant disease, I was in hopes, from the hardness of the tumour, its slow growth, its arising in the *palate plate first*, its indisposition to bleed, and its not having taken an excessive action, nor thrown out fungous growths, when punctured and injected with caustic, that it would prove to be non-malignant.

In the first case, it was my intention to have made two incisions of the cheek, as in the second instance; but at the suggestion of Dr. Campbell, I was induced to adopt the plan of the single curved incision, and found no difficulty in exposing the tumour and maxillary bone as far as its junction with the nasal bone.

Mr. Syme has claimed this curvilinear incision as an improvement of his own, in contra-distinction to the double incision recommended first by Mr. Liston, and subsequently by Fergisson and Miller.

In Mott's edition of Velpeau's *Operative Surgery*, it is stated that "Dr. Mott had, many years before that date, (i.e. the publication of Mr. Syme's paper in 1829) adopted the curved incision in question, in his exsections of both the upper and lower jaw bones: also Professor Velpeau was, we believe, anterior to Mr. Syme in this matter. It

is inexact, therefore, for Mr. Syme to assert that in operations either on the upper or lower jaw, it had hitherto always seemed necessary to make a double incision, so as to permit the formation of a flap exposing the fore part of the bone."—vol. ii. p. 733. From the above passage, it would appear that Professor Mott lays claim to the curved single incision recommended by Mr. Syme; yet in the same volume, at page 728, we find the following sentence in the comments on Dr. O'Shaughnessy's cases:—"In his operations on the upper jaw, we perceive that he disapproves of the extensive incisions of Mr. Liston; but nevertheless continues upon the erroneous plan, as Dr. Mott conceives it to be, of making his incision extend from the zygoma into the centre of the commissure of the mouth, *instead of the straight and single incision of Dr. Mott, from near the inner angle of the eye and along the ala of the nose into the mouth, near the median line of the upper lip.*" If this latter be Dr. Mott's method, it is certainly different from Mr. Syme's, and therefore his claim to priority cannot be admitted: nor can the claim set up by Mons. Velpeau be supported, for the first allusion to it is made in his letter to Dr. Mott, dated Paris, August 16, 1843, and published in Mott's edition of his work, in 1847; whereas, Professor Syme's paper appeared in *Cormack's Monthly Journal* in Feb. 1843.

The practical point deducible from the observations of these eminent surgeons is, that it is by no means necessary to make the double incision in *all* cases; and I have no doubt, that the practitioner will meet with some in which he will prefer the curvilinear incision—in others he will deem Mott's straight incision along the side of the nose, most advisable; whilst in a third