

5 Canada Medical Journal.) The tongue was first transfixed by a strong double hempen ligature and the ends taken charge of by the assistant. The incision was made in the mesian line below the jaw, the curved needle thrust into the mouth mid-way between the symphysis and hyoid bone, and the chain of the *écraseur* drawn through; this was then pressed well back by Dr. Campbell (the tongue being at the same time drawn forcibly forward.) The instrument was fixed, and tightening immediately begun. The time was taken by Dr. Howard, and 30 seconds allowed to elapse between each *click* of the handle. At the end of 20 minutes it was found that the division was complete and the tongue was gently drawn from the mouth by Dr. Campbell by means of the cord attached to it, and the operation was finished.

During the whole proceeding the patient was completely anæsthetized, the influence having been first established by chloroform and then continued by ether, the latter having been preferred on account of his age, and rather debilitated condition.

The bleeding was exceedingly trifling, calling for no interference whatever.

He was put to bed, and ordered to have small pieces of ice in the mouth from time to time. At 9 p.m., his pulse was 87; no bleeding; no pain; could swallow a little milk and a few spoonfuls of beef tea.

17th February.—Slept several hours during the night; cheerful; pulse 85; swallows fluids with very little difficulty.

18th February.—Doing well; floor of mouth covered with a yellowish slough; ordered *Lotio Acidi Carbolicæ* (1 part to 30 parts of water) to be used frequently to rinse the mouth. Articulates even now some words without much apparent difficulty.

He recovered without a bad symptom, the wound granulated rapidly, and he was discharged well (to all appearances) on the 20th March, 1869.

No more was seen of the patient until he returned to the outroom of the Hospital complaining of a small lump in his neck; this was in the first week of July. The disease had returned in the glands of the neck, 4½ months after the operation. Since that time until closing this report, 21st August, 1869, the disease has progressed with its usual rapidity, and now the whole of the left side of the neck is involved in an enormous cancerous mass which will of course very shortly prove fatal as his general health has already suffered very considerably.

*Remarks.*—This is the second case of excision of the tongue which I have performed, and the operation in each case was a modification of that described by Mr. Nunceley of Leeds. In the first case, the disease returned in the glands of the right side of the neck, affecting the deep