

in the way. It was after a pretty sharp hemorrhage, from a tear against a nail while Sherman was passing through a narrow door, that he resolved to run the risk of the operation. Its very slow and gradual growth, the absence of all lancinating or darting pain, and the non-complication of the cervical glands together with his unimpaired constitution, pointed, at once and most unequivocally, the diagnosis that the tumour was not of a malignant nature; and, therefore, if he did not succumb under the operation, or from its immediate consequences, it would never be reproduced.

Having been fully apprized of the very great danger attending the removal of the tumour, as also that it was the only possible chance—small as it was—of prolonging his life, and freeing him from suffering and misery, he at once resolved to submit to the ordeal, and went home to settle some matters, preparatory to his return to Plattsburgh on the 5th Nov. 1853. Punctual to the appointment he reported himself on the 3rd of that month, and the preparatory steps were taken for the operation: he was placed upon low diet, removed from excitement of any and every description, and the bowels pretty freely acted upon. The first indication was to guard against the loss of blood, which I had a right to presume would be great; and the most natural, at the same time the most effectual, means of meeting this indication presented itself by the ligature of the external carotid artery, thereby at once controlling and cutting off the direct supply of blood to the tumour and parts immediately adjacent. This plan was not adopted for a two-fold reason: the first, the situation of the tumour directly over the course of this vessel, requiring that the operation should be more than one-half completed before the artery could be exposed; and, secondly, in the event of success in ligating the vessel, I doubted much whether any commensurate benefit would accrue, knowing in such cases that the anastomotic circulation is extremely vigorous and free, and that the operation would be not only more complicated but also much more lengthened. The sequel will prove that this view was correct.

The necessary preparations were made, the various instruments, ligatures, &c., being close to hand, assisted by my excellent friend DR. FRAS. J. D'AVIGNON, of Ausable Forks, my late colleague Professor E. KANE, and my Brother who had come from Montreal, in the presence of several professional and other friends, I proceeded as follows:—Sherman was laid on a table, the head slightly elevated with pillows, and standing behind, an incision was made from the lowest or thoracic portion of the tumour, three inches from its attached border upwards along the neck and face to the corner of the eye; taking the knife in the left hand, the integuments along the lobe of the ear were severed, and the incision carried downwards and backwards to the starting point, consequently dividing the integuments in the whole extent of the tumour; the dissection was commenced below and keeping close to the tumour, at times with the edge of the knife, at others with its handle, and again with the fingers, the anterior portion was detached to nearly half of its extent. Passing now above, the first or second cut of the knife was followed by a gush of blood from a large artery (most probably the anterior auricular, very much enlarged,) which was at once tied—another cut and another ligature, this happened four or five times, and were the only ligatures applied dur-