

13th, assisted by Drs Hall and David and Mr. Howard the Oculist, and in the presence of Dr. French, Inspector General of Hospitals, Dr. Barrett, Medical Staff, and Dr. Warren and Mr. Stockley of the Artillery, and a number of medical students:—

The patient was placed in the sitting posture on a chair; chloroform was administered with the view of producing anæsthesia, whilst *earlier* parts of the operation were being performed; but its administration had to be discontinued, as it induced convulsive movements of the limbs. As soon however, as the patient had regained his senses the operation was proceeded with.

An incision, commencing a little above the zygoma and about half an inch in front of the ear, was carried down to the angle of the jaw, and thence over the tumor to near the median line of the chin; a second incision, from the angle of the jaw to near the termination of the first, was made in such a direction as to include in an ellipsis the unhealthy portion of skin covering the most prominent part of the tumor, which having been perforated in two places, seemed too much diseased to be left behind. The integument was now dissected upwards. The bleeding from the facial artery being very copious, was arrested by means of a small *presse artère*, which hung upon the vessel until the completion of the operation. On dissecting downwards, the lower flap, the submaxillary and sublingual glands were found to be so much diseased that their complete removal was necessary. This constituted the most difficult part of the operation. The submaxillary occupied nearly the *whole digastric space*, and was firmly attached by fibrous bands to the cornu of the os hyoides; these bands were divided, and in separating the tumor from its internal attachments, the facial vein (which

had escaped the first incision, being imbedded in the diseased mass) was wounded, and bled so profusely that a ligature had to be placed upon it. The gland was now separated from its deep-seated attachments, and being continuous with the sublingual, this latter was left in situ until the bone itself should be removed. The soft parts on the mental portion of the bone were now dissected from it, and the bone sawn through by means of a Hey's saw, a little to the left of the median line, so as to leave undivided, the attachments of the left digastric, genio-hyo-glossus, and genio-hyoid muscles. The masseter was next divided, the bone depressed, the tendon of the temporal cut through, and the articulation entered, from before. The remaining connexion of the soft parts were cut through, and the sublingual gland completely removed. Notwithstanding that seven arteries required ligation, not more than seven or eight ounces of blood were lost, owing to the very efficient assistance rendered by my confrères.

The wound was carefully examined, and no trace of disease remaining, the flaps were brought together by needles and interrupted sutures—a portion of the wound, at its most depending part, being but loosely united, in order to leave room for the ligatures, and for the escape of matter. A small pledget of lint was laid in the course of the removed bone, to fill the cavity and support the cheek.

The patient bore the operation with remarkable firmness, and no collapse ensued.

I cannot speak in sufficiently grateful terms of the able assistance afforded me by the gentlemen who assisted at the operation.

The tumor was found to be of a carcinomatous nature; it was firmly at-