

with tonics and generous diet, soon rid me of these, and the patient returned to his office one month from the date of operation, and is now engaged as a commercial traveller.

In describing this operation I have adhered as strictly as possible to what was done. I may now add that in cases where the bone is too dense to be divided by pliers, the chain, Hey's or the metacarpal saw can be used to divide it in whole or in part. Should it be necessary to disarticulate the condyloid process, the firm grasp of the lower part of the bone will enable the surgeon to draw it freely outwards, and thus let the knife keep close to the inner surface of the bone, and so avoid the masseteric artery and nerve. Again, should the tumor prove too large to be removed by the single straight incision, the surgeon has the option of making fresh incisions from any point of the first, either upwards or downwards as the exigencies of the case may require. One from the angle of the mouth downwards would I believe be the best, as it would divide the smallest number of branches of the facial nerve.

When the patient is a man, I can see no objection to this mode of operating. (I have shown Mr. N's case to medical men and others without their being able to notice any deformity, so fully does the whisker cover the cut.) In the case of a woman some may urge that the old line of incision would be less apparent. In reply, let me ask which is preferable; a simple scar across the cheek and full power of all the muscles of expression, or a scar which must show more or less a staring eye, a mouth dragged to one side and devoid of play, with probably a constant dribbling of saliva from one corner of it? I most firmly believe that every woman of ordinary sense would prefer the former.

Since the operation, I have been able to consult Heath and Guern, and find that Beaumont of Toronto, and Huguer of Paris(?) have both operated by a *curved* incision from the angle of the mouth towards the ear, the latter ending his incision at the mastoid process. The direction of the curve is not given in Huguer's case—in Beaumont's the concavity was upwards—neither is the amount of paralysis noted; and all that is claimed is, that the eye lids were unaffected.

Trusting that the above case may be sufficiently novel and interesting to merit a place in the "Canada Lancet," and that I may yet hear of equally satisfactory results from the employment of this my method of operating, I commend it to your consideration.

Toronto, 7th September, 1872.