

I would draw attention to a little plastic device for closing the wound, depicted in the diagram (*D*). The portion (*a*) colored red, shows the space left uncovered after drawing the edges together; to close this I made an incision obliquely through the outer flap outward and downward, and this enabled us to draw the tongue (*t*) over this raw surface, and the gap was filled by drawing the edge (*d*) into it, the tongue (*t*) having been drawn over to *f-d*. This is hard to understand by a diagram, but we know how pliable and plastic skin is. The vitality of the flap was threatened after a day or two, but was encouraged and maintained by warm boric dressings, and an edge to edge union took place. The axilla was not invaded; two glandular nodules of the size of an almond and a white bean, respectively, were removed

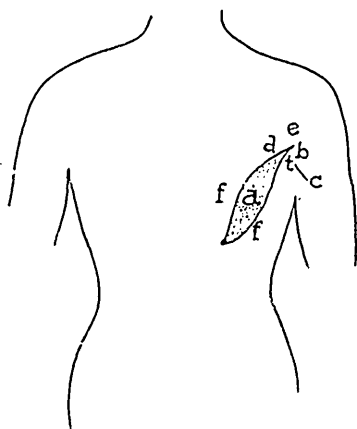


DIAGRAM D.

from a position near the outer side of the mass at the time of operation. No recurrence had taken place two months later, but the patient has, during the intervening four months, not attended to my request to report.

To Dr. H. B. Anderson I am indebted for the final diagnosis. He has designated the tumor "malignant adenoma," and has the specimen and microscopic sections on the table to-day.

Case 9.—I also pass around a photograph of a case of doubtful diagnosis as between sarcoma and specific gumma of the tibia. Absence of the uvula, destroyed by disease, and the lines at the angle of the mouth, shown in the other photograph,