place from the mucous surface of the wound, and resisting the astringent powers of a saturated solution of tannin—had proceeded to a considerable extent before I had time to reach him: but when the edges of the inside of the wound were brought closely together by three points of suture, it immediately ceased. The patient now informed me that he and all his family exhibited the hemorrhagic diathesis, and that on one occasion he had nearly lost his life from the bleeding that followed the extraction of a tooth, whilst in the Limerick Infirmary.

Five days after the operation, the needles were removed, the inside sutures were allowed to remain *in situ*—and the union being now complete; the parts were well supported by adhesive plaster and collodion,* and the patient allowed to return home.

I have recently seen the patient, and nothing but a cicatrix on a line with the commissure is perceptible. The features of that side of the face are quite natural, and he has perfect use of the cheek. There is not the least sign of disease on the commissure, though eight months have now elapsed since the operation was performed. This fact, I am anxious the profession should have brought before them, for it corroborates a statement made by Professor Serre, of Montpelier, that the mucous membranes in the immediate proximity of cancerous growths, or even covering them, exhibit but little proneness to become implicated in the disease, and consequently should be preserved for a covering in all cheilo-plastic operations for the flaps with which the new lip is to be made. Being aware of this important discovery, and also knowing how difficult it is to form a good and useful commissure, I was particularly anxious to save the natural one, and was fortunate in so doing, though, had I not known the useful fact stated by Serre, I should certainly have removed it in connexion with the disease. I have at

* Though the remarks of Professor Syme concerning the impropriety of using collodion in the first instance, when we endeavour to procure "primary union," are quite in accordance with my own experience, yet I have found it a most excellent remedy in keeping up tension and approximation, after needles and sutures are removed. When collodion was first introduced, I used it in addition to sutures in two cases in which I had amputated the breast, having read such flattering statements of its successful employment in similar cases. But to my great disappointment, the edges of the wound, though closed and apparently united, became prominent and inflamed, and on some of the collodion being detached, a large quantity of pus escaped in both instances, to the great relief of the patients, and the wounds, which under other circumstances, I have no doubt, would have united by "primary union" to a great extent, healed by the slow process of granulation. The results of the use of the remedy in these cases, had induced me to abandon it in all cases as a means of uniting the edges of a recent wound; but where we have removed sutures and needles, it will be found a valuable remedy, care being taken to leave spaces for the discharge to escape.