

*small vessels, branches of the anterior auricular, and occipital (?) required ligatures.\**

On examination, the diseased mass presented the character of a fibrous tumour, in some points degenerating into scirrhus—this latter feature was not, however, strongly marked. It was much smaller than was supposed before the operation, for a great part of the size of the tumour was formed by the sterno-mastoid which overlapped one portion of it, and was intimately connected with another part.

The wound was filled with a pledget of wet lint, and the flaps brought loosely together. Five hours after, the wound was dressed; some oozing had taken place, and one more small twig required a ligature. The edges of the wound were now brought into contact by means of sutures, a space in the centre being but loosely united, that the discharge might freely escape. A compress and bandage served to obliterate the cavity, and were retained for three days, when the sutures were withdrawn, and union by the first intention was found to have taken place to a great extent.

It would be useless to detail the changes of treatment which the varying condition of the wound suggested, suffice it to say, that at the end of 16 days he was discharged at his own request, the wound being then perfectly healed, and he himself free from all his sufferings.

There are some points connected with this case not devoid of interest to the practical surgeon, to which allusion will now be made: and first I shall speak of the opinion so generally advanced by *anatomists*, that the parotid gland *cannot be extirpated*, and which is as strenuously denied by *surgeons*. Not only in this, but in many other particulars do we find that the skilful anatomist is not always the best guide to the operating surgeon; and that diseased anatomy frequently runs counter to normal anatomy, and the facility or difficulty with which an operation may be performed, cannot always be determined with exactness by our knowledge of the normal structure in which the disease has originated. Can a stronger proof of the truth of what I now advance be adduced, that the fact, that it was necessary to tie but three small vessels in the operation under consideration, when we reflect upon the numerous arteries that supply, and pass through the region, in which the mass lay.† It is needless then, to advance the *certainty of alarming*

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\* Had the carotid been tied previous to the operation as recommended by Mott and others, this immunity from hæmorrhage would, no doubt, have been attributed to this precautionary measure.

† The arteries that may be wounded are, in addition to the carotids, the transverse facial, the temporal, the auricular, the mastoid, the stylo-mastoid, the occipital, the internal maxillary, the inferior pharyngeal, the lingual, and the facial.—*Malgaig-nes Operative Surgery*, page 368, *Am. Ed.*