Most of the operations described in the English text-books, and especially what I may style the popular operations, fail in fulfilling one or more of these requirements. The ecraseur has had its day and is no longer much used. The same may be said of Symes' operation. An operation which I have done several times, which is popular because easily and rapidly performed, is Whitehead's, or Whitehead's operation after preliminary ligature of the linguals. Now this method of removing the tongue makes no provision for the removal of affected lymphatic glands or for providing pure air for the patient to breath, and should be discarded, because so often followed by the so-called recurrence in the glands of the neck and by aspiration pneumonia.

The operation which has given me so far the best results is somewhat formidable to contemplate, but is very satisfactory in practice. I refer to the method devised by Kocher of Berne. He first does a preliminary tracheotomy. The patient then breathes during the remainder of the operation, and during convalescence, an atmosphere as pure as the room or ward contains, and the danger of aspiration pneumonia is done away with. The anæsthetic is administered through the tube, and a large sponge is packed into the pharynx over the epiglottis and no blood with contaminated mouth secretion can get into the trachea or be drawn into the lungs. Kocher then makes an incision extending from below the ear to the hyoid bone, and then up to the symphisis of the lower jaw. All the glands in the parotid, submaxillary, submental and carotid regions are removed, including the submaxillary salivary gland. The facial artery is tied, and the loss of blood is reduced to a minimum.

During the past winter I have performed excision of the tongue for cancer six times. In one instance I did not do a preliminary tracheotomy. The man did well for a time, he was up and about the ward, but on the tenth day after operation he developed a septic pneumonia which proved fatal. In the other five cases, a preliminary tracheotomy was done in each instance and they all recovered. In every case, although the operation was a formidable one, the patient was up and about the ward the following and each subsequent day. There is very little loss of blood and consequently very little shock, and these patients begin to gain strength at once.

Kocher does not close the large wound, but packs it with gauze around a drainage tube. I have found it an advantage to close the wound, leaving only sufficient space for the insertion of a large tube.