

The removal of the bone, was performed on the 6th of May, in the following manner, in the presence of the Staff of the Hospital and several visitors. As the tumour encroached so much upon the nose, and had extended to the palate plate of the *opposite* maxilla, I considered it more prudent to make two incisions through the integuments as recommended by Liston, one externally (as in the first case) in a curved direction from the malar portion of the zygoma, to the angle of the mouth; the other in a perpendicular direction from the inner angle of the eye along the side of the nose as far as its ala; then, transversely along the upper portion of the lip as far as the median fissure, whence it was carried perpendicularly down through the whole thickness of the lip. The flap thus made, was dissected upwards, and the tumour and bone fully exposed. The infra-orbital nerve was divided, and the globe of the eye, and the inferior oblique muscle carefully dissected from the orbital plate. The mucous membrane was next divided, between the tumour and the alveolar process of the *right* maxilla, and a transverse incision was carried along the palato-maxillary articulation. The incisors having been removed before the operation was commenced, one blade of Liston's forceps was passed into the *right* nostril close to the septum, and the alveolar process and palate plate of the *right* maxillary bone were readily divided. The left malar bone and the nasal process of the left maxillary, were next cut through, and the tumour was thus detached, with the exception of a few adhesions of the soft parts which required the use of the knife.

In this case, chloroform was administered during the first stage of the operation, but the patient was allowed to recover from its effects, before the division of the bones was commenced.

The facial artery, was the only vessel that required tying, and very little blood was lost. The collapse which followed the operation was very great, and required for its treatment, a liberal administration of hot wine, and diffusible stimulants. The patient became moreover, extremely desponding, and from both these circumstances, the prognosis was very doubtful for the first forty-eight hours. On the third day, however, he rallied, and was able to permit the wounds to be dressed, which were found to have united by the first intention throughout their whole extent.

From this period, nothing important occurred. The cavity filled up rapidly with healthy granulations, and exhibited a marked tendency to contract. His articulation and power of deglutition were greatly improved, and his general health soon became re-established, and on June 5th, he left the hospital to return to his occupation, which was that of a farmer.

A short time ago, I addressed a note to Dr. Lang, to inquire about this patient, to which he politely sent me the following answer:—

BYTOWN, Dec. 16, 1850.

DEAR SIR,—I must apologize for delaying so long to answer your note; but I have been unable, until this morning, to obtain the intelligence you wished. The individual whose maxilla you removed, is now doing well and at his daily work. The report I have had is, that *the bone is meeting*. Of course you know what they mean by this. The operation has been perfectly successful.

On examination, both these tumours proved to be malignant—they both presented well marked examples of encephaloid cancer; and it is not a little curious, that seeing they resembled one another in their minute pathological characters, they should have differed so