

and gums I believe he has. He first consulted me last summer on account of an enlargement of the inferior maxilla. The tumor was smooth and even externally, and extended from about one inch below the zygoma to a line perpendicular from the angle of the mouth; was slightly nodulated along the lower margin of the horizontal ramus, also along its inner surface, where by its projection inwards it pushed the tongue slightly to the right side and thus interfered with speech. The skin over the parts supplied by the mental branch of the inferior dental nerve was devoid of sensation, and the tumor was painless even under free manipulation.

Unwilling to submit the patient to so severe an operation as excision without an attempt to reduce the tumor by medication, I resolved to try the effect of the iodides, bromides, and counter irritants, but the tumor continuing to increase, I was at length forced to operate; consequently, on the 19th of February, 1872, the patient being thoroughly anæsthetized, assisted by Professor Bethune and two other medical men, I operated in the manner above described, using the handle (bone) of the scalpel and my fingers as much as possible. The proximal end of the facial and inferior dental were the only arteries requiring ligature; a few smaller branches being arrested by torsion. The wound having been swabbed out with a solution of carbolic acid, and exposed to the air till oozing ceased, was accurately adjusted, and the edges kept in place by silver wire sutures, pad and bandage.

The patient having recovered from the effects of the chloroform got into bed without assistance, and at once asked for food with a pretty clear voice. *From this time to the present (September, '72) he has had full control of all the muscles supplied by the portia dura.* In three days he was out of bed. In ten days the wound was healed with the exception of a small opening at its posterior extremity, through which saliva dribbled away for a few days, but was easily arrested by the application of nitric acid, after which the small opening rapidly closed. The flow of saliva must have been due to the division of some of the racemes of the anterior margin of the gland, or to some abnormality of the "socio parotidis."

The only other annoyance I had to deal with was a slight attack of erythema of the left side of the neck, and the formation of a couple of small abscesses at the seat of the old cicatrices above mentioned. The Tr. ferri. mur. externally, poultices and the lancet,