There was very little bleeding, and in a couple of days he was pretty comfortable. At the end of a month he was quite well again, and left the hospital.

Case 3.—A thin, nervous, single woman, aged 30, was sent up from the country for advice concerning a growth on the side of her tongue. It was decided to try and relieve her by removing only that portion of the tongue that was affected. It was done in the following way: Three strands of twisted wire were passed through the eye of a large, long needle, and the needle was then passed through the tongue behind the growth. The wire was slowly twisted until it had cut its way out of the side. The growth was then seized with a pair of strong forceps, drawn forward a little, the wire slipped over it and slowly twisted until it came away, thus removing the diseased part only and leaving the tip and the sound side. The woman made a rapid recovery and went away to the country. In a few months, however, she called to shew her tongue, as she found that the disease was returning and advancing much more rapidly than in the first instance, in fact, in a few weeks it had extended so far that no further operation was justifiable. She died soon after. This case shows that too much care cannot be taken in operating on the tongue, that the ecraseur should pass through perfectly sound tissue, well behind and away from the disease, otherwise the operation will only do mischief and hasten the death of the patient. In speaking of removal of the tongue by means of an ecrasuer, I would like to draw special attention to the use of a many-stranded instrument in preference to one with a single wire. In the cases related above, several strands of fine wire, well twisted, were used, and the hemorrhage was very slight. In the following case a single medium-sized wire was used with a very different result:

A baby, about six months old, was admitted with hypertrophy of the tongue. It hung out of its mouth, causing great disfigurement and preventing the mother putting the child to the breast. The tongue was seized about the middle with a pair of forceps, a single wired ecraseur was passed over it, and about an inch and a half of the tip slowly removed. The bleeding was very great, so much so that the child's life was for a time endangered. The tongue had to be dragged out, and the bleeding vessels secured with ligatures. The single-wired ecraseur cut like a knife, differing only from that mode of operating in that the pain the child had to endure was far greater than that following removal by a knife. The child, however, made a rapid recovery, the ligatures soon coming away and the end of the tongue slowly contracting and receding into the mouth. Some London surgeons prefer to use the knife in operations on the tongue. They claim that time and much needless pain is saved by this method, and that the fear of the hemorrhage need not prevent the use of the knife, as the vessels are easily picked up and tied, if the precaution is taken before operating of passing a strong cord through the tongue behind the point where it is intended to remove it, so that there is no danger of its retracting after a portion has been cut off. I think that, in many cases, where the disease does not extend too far back this mode of operating ought always to be followed, since in operations about the mouth it is not at all an easy matter to keep the patient under the influence of chloroform for any length of time. With regard to removal of the tongue by galvano-cautery, I have only seen one case treated in that way, and that was a baby, with a greatly hypertrophied tongue. There was little hemorrhage, but the child lived only a fortnight after the operation, dying from exhaustion; the tongue stump being so much inflamed that sufficient nourishment could not be administered. However, there have been several cases successfully treated by this method. It has one great advantage, and that is the saving of time.

In England, stone in the bladder is a very common complaint, but such cases, if not treated at hospitals specially intended for that purpose, generally come under the care of a few surgeons who have become noted in that branch of their profession, Sir Henry Thompson, Sir William Ferguson, and others, so that, in a general hospital, one has not very many opportunities of studying such cases. I might mention one case, which is interesting on account of the many complications which occurred and the rapid recovery after the operation:

A strong built, otherwise healthy gentleman, had been suffering for many years from a very hard, unmanageable stricture of the urethra. During the latter part of that time his sufferings had greatly increased, so that he could get no rest day or night. With some difficulty a very small sound was introduced into the bladder, and a large stone detected. On a consultation taking place, lithotomy was decided upon, and was successfully performed, the following difficulties arising. With very great difficulty, a small staff was introduced, the necessary cuts were made and the bladder reached, the stricture being completely divided in so doing. The perineum was very deep and there was a a great deal of hemorrhage. When the stone, which was very large, was grasped, it crumbled to pieces,