

wrenching motion, the bone and the diseased mass were removed; a few touches of the knife liberated them from any soft adhesions that remained undivided.

The orbital portion of the maxilla was not removed, as it appeared quite healthy. The facial artery was the only vessel that required a ligature, and the amount of blood lost was very trifling.

The flap was laid down, and the edges of the wound brought together by twisted and interrupted sutures; the cavity in the mouth was filled with fine lint, and water dressing was applied externally.

July 21st. Some of the sutures and needles were removed, and the external wound was found to have united nearly throughout its whole extent, a small portion in its centre being still open. The patient was able to sit up, and walk about; no collapse having followed the operation.

For the next fortnight nothing worthy of notice occurred; and as he was very anxious to return home, he was allowed to do so, a small portion of the external wound remaining still open.

I heard from him several times after his departure from Montreal; in some of his letters, he complained of pain in the former situation of the tumour, and of a discharge of a sanious fluid from the nostril. Whilst preparing this for the press I have applied to his former medical attendant for more accurate information, but have not, as yet, received an answer to my inquiries. He was alive, however, twelve months after the operation, a fact clearly in favour of its performance, for there can be but little doubt that the frequent attacks of hæmorrhage would have carried him off in a few months, even if the disease

had not produced death by pressure on important parts.

CASE 2.—Joseph Wallace, aged 30, but looking much older, of a sallow complexion, tall and of thin spare habit, was admitted into the Montreal General Hospital, under my care, May 2d, 1850.—He stated that two years before, he noticed a small tumour, of a wart-like nature, growing from the hard palate, which, as soon as it had attained the size of a marble, remained stationary until five months before admission, when it began to spread over the palate so as to occupy nearly three-fourths of its extent. He also remarked, that a tumour had commenced to form on the left superior maxillary bone, and now for the first time, he suffered from deep-seated pain in the cheek. He applied to Dr. Lang, of the Medical Staff at Bytown, who made an exploratory puncture with a small trocar through the portion of the tumour presenting itself in the palate, but nothing (he says) escaped from the opening. Lunar caustic in substance and solution was frequently introduced through the opening, but produced no effect on the size or consistence of the tumour.

On admission, three-fourths of the palate were occupied by a hard tumour, covered by red mucous membrane; on the left side of the face, a large prominence was observed, which, when looked at sideways, nearly obscured the nose; it displaced the nasal bone which lay upon its surface, and extended to the edge of the orbit. A portion of the growth could be seen in the upper part of the left nostril, but no hæmorrhage had as yet proceeded from it, nor did he complain of pain when it was touched. The eyesight was not impaired. The articulation was very indistinct, and he had latterly experienced much difficulty in masticating and swallowing his food.