

divided, (although in the 5th edition, 1872, of Gross, vol. 2, page 488, it is stated that, "By making the perpendicular incision in front of the ear ($\frac{3}{4}$ inch) there will be little danger of wounding the temporal or external carotid artery, and the trunk of the portio dura." 11th, 12th and 13th line from bottom of page.) and paralysis of the muscles of expression and probably salivary fistula follow. I came to the conclusion that if the knife could be passed *below and nearly parallel* to the duct it would pass *between* the branches of the "pes anserinus," going to the upper and lower lips respectively, dividing merely the *small anastomosing twigs, and at the same time by dividing the facial artery at a point where it would be reduced in size by the branches given off from it to the chin and lower lip, bleeding would necessarily be less formidable, and paralysis and salivary fistula completely prevented.*

With this object in view, I applied to Professor Bethune, of Trinity College, who kindly furnished me with a cadaver on which to experiment, and having made one straight incision from the angle of the mouth towards the upper part of the lobe of the ear, as far as the posterior margin of the ascending ramus of the maxilla, I denuded the jaw of its periosteum, the masseter and that part of the temporal muscle attached to the outer and lower part of the coronoid process—using the handle of the scalpel principally. Extracted the lateral incisor and divided the jaw with the bone pliers, (the subject being young) then seizing the jaw at its cut end drew it upwards and outwards, thus facilitating the removal of the mucous membrane and muscles from its inner surface, and the division of the inferior dental artery and nerve and internal lateral ligament with the knife, and by keeping close to the bone I avoided the internal maxillary artery. The coronoid process and neck of the jaw being now free were divided with the pliers, and nearly the half of the jaw easily removed.

Having thus demonstrated the feasibility of this method of operating, I decided to put it in practice on a patient then under my care, a narrative of whose case I subjoin.

J. Niven, æt. 37, a native of Glasgow, Scotland. Has sandy hair and whiskers, blue eyes, florid complexion, and is well nourished. Suffered in youth from strumous abscess of the glandulæ concatenatæ, the cicatrices been still visible. After this he enjoyed excellent health until recently. Never had syphilis, and never mercurialized so far as he knows, though from his breath and the state of his teeth