

was used to separate them. The saw completed the work and the jaw then readily opened to the extent of nearly an inch. On both occasions the hemorrhage had been considerable, but no important vessel was divided.

The operation had proved troublesome, but it was a small thing in comparison with the treatment which subsequently had to be pursued. In undertaking the operation it was fully understood that subsequent to dividing the cheek from the bones it would be necessary to interpose something for a long time, until the fresh surface had gradually become skinned over by a membrane; and that if this were not done the parts would re-unite and the undertaking prove futile. In addition, it was found necessary to have the jaw opened frequently by mechanical means; at the same time to cause the patient to strive often to open it by muscular action, thereby to call into action certain functions of the muscles which had been so long a time dormant. It was necessary to have something placed between the cheek and the jaws that would be cleanly and unirritating. Having mentioned this to Dr. Relyea he suggested a plate of vulcanized rubber. So, having prepared a model for him, he supplied me with what proved to be a valuable agent. It was an oval concave-convex plate of a quarter of an inch thickness. The introduction of this caused considerable pain; but it was far more comfortable than the tents previously in use. After a few weeks this could be taken out and replaced without any great trouble or discomfort. To maintain and, if possible, increase the motion of the jaw, the patient was instructed to insert wedges of wood daily, and to gradually increase their thickness; to occasionally use a lever; and incessantly, in her waking hours, to exercise the muscles in opening the jaw. The inflammation from the first was controlled by the application of cold water. The discharge was, for some time, considerable, and consisted of pus; the *débris* of the cartilaginous structure and calcareous matter. After a few weeks some of the alveolar process came away and even a small portion of the lower jaw. For five months the use of the plate was continued, but its form and size had occasionally to be modified. Gradually the cavity assumed the appearance like unto nature. The tendency to heal by adhesion was strong, and the contractions would, to a great extent, force out the plate. During the last month, indeed, it could hardly be resisted. The ultimate object kept in view was to secure a space in the cheek sufficiently extensive to allow the jaw to be opened to the fullest extent. But the work was cut short by an attack of erysipelas commencing in the part and extending over the face and to the scalp. The plate had to be removed; and when the inflammation had subsided, and the interior of the cheek could be