the auricularis magnus, while the internal carotid and internal jugular lie close to its under surface. Hence, a careless incision made into this gland might be productive of serious results, but, fortunately, it may be opened by an incision placed in front of the ramus of the jaw, since the gland projects anteriorly, for a variable distance, over the masseter muscle. The opening should not be made within three-quarters of an inch of the zygoma, because of the situation of the artery, duct and nerve which cross the side of the face after leaving the gland.

Tracheotomy.—Although intubation has replaced tracheotomy in many instances, yet occasions arise in which the latter operation may have to be employed, and, of the two operations that may be performed for the purpose of opening the trachea, the "high," *i.e.*, the one above the isthmus of the thyroid gland, is the better. The following relations of the trachea, below the isthmus, explain the reasons for the selection of the "high" operation; the transverse branches joining the anterior jugular veins are larger, below, than above the isthmus; the muscles are in closer contact, and the presence of the inferior thyroid veins and the thyroidea ima artery add to the dangers of the operation; the great vessels of the neck are nearer one another, and, hence, would be exposed to the danger of being wounded; besides, the left innominate vein often crosses the root of the neck rather than the interior of the thorax, and, lastly, the trachea is more deeply situated and is more mobile in this situation than above. *Operation.*—An incision, about one or one and a half inches in length, is made in the median line and with its upper end about on a level with the upper border of the cricoid cartilage. After dividing the skin, superficial fascia (taking care to avoid the anterior jugular vein while incising the latter) and the deep fascia, the intervals between the two sterno-