

late to the submaxillary gland at all; he says—"c'est un exemple pur et simple d'extirpation des ganglions sus-hyoidiens; celle de M. Amussat rentre, probablement dans la même catégorie. J'en dirai autant du fait relate par M. Warren. Il me paraît en outre évident que la tumeur aussi grosse qu'un œuf, extirpée par M. Sacherer sous le titre de 'glande maxillaire,' n'était qu'une tumeur lymphatique; n'en était-il pas de même du kyste enlevé par M. Malcolmson!"

'Tis thus this hercules in surgery, with a few strokes of his pen, disposes of the operation—leaving his readers to conclude that Cloquet, Amussat, Warren, &c., were ignorant of anatomy. He concludes notwithstanding—"Après tout, que le mal ait son siège dans la glande ou dans les ganglions qui l'entourent, une fois qu'on a résolu de l'enlever, le procédé à suivre est à peu près le même. Malgaigne's allusion to the matter is much more hurried—"Il n'offre rien qui le distingue de la dissection ordinaire des tumeurs; il suffit de connaître la position des vaisseaux et des nerfs pour les éviter, et pour les lier avant d'en faire la section." The observations of Velpeau and Malgaigne are both equally well calculated to mislead; those of Velpeau to lead persons to believe that the removal of the submaxillary has never been effected; while from those of Malgaigne, one might infer, that extirpation of this gland was a trivial matter, and as such, requiring no lengthy notice. Conclusions equally erroneous.

That the operation is not void of difficulty, nay, even of danger, those acquainted with the anatomy of the part will readily admit. Covered in by the body of the lower jaw, and the deep cervical fascia; the facial artery coursing along it internally, and lying imbedded among its lobules; the lingual nerve and artery passing below it, and having the facial vein between it and the integument.

This is the position of the gland in the natural condition of the parts. But when the gland is increased in size it encroaches upon the parotid, and upon the jugular and carotid, as in the case which came under my observation. The difficulty increased chiefly with the size of the tumour.

CASE.—William Stewart, æt 20, placed himself under my care, some time in December, 1853, when he related the following:—One day in autumn, while working in the field, he was struck lightly by a farm servant with a potatoe upon the jaw. Very little inconvenience was felt at the time; but a few weeks after the part beneath the jaw, appeared red, tense and swollen. In the region corresponding to the posterior angle of the submaxillary triangle of the neck, a tumour is visible, causing slight fulness of that part of the cheek. The tumour is painful on pressure. Its upper border is covered in by the body of the lower jaw.