causing part of the teeth of both jaws to be loosened. Some of the teeth penetrated the lower lip, the scars of which remain. She could move the jaw freely after the injury, and continued to do so for about a year. Then movement gradually diminished, until one and a half years after the injury the jaw became fixed. Then a wedge-shaped screw gag was used on eight or nine occasions under chloroform. This was followed by temporary movement. Soon, however, all movement was lost and the jaw became absolutely fixed. On examination, August 9th, 1897, the jaw was quite fixed, neither lateral or up and down movements being possible, and was said to have been in this condition for two and a half years. The jaw was displaced laterally to the right side about 1/16 of an inch, indicated by noting the relation of the middle line of the two jaws as shown by the incisor teeth. From this I concluded that the disease involved the right joint, and advised excision of the condyle.

On September 9th a transverse incision was made—¾ of an inch long—¼ of an inch below the zygoma, beginning just in front of the ear. The parotid fascia was divided along the zygoma. The parotid gland displaced downwards, the joint exposed, the neck of the condyle was chiselled through and an attempt made to separate the jaws. This was found impossible. The coronoid process seemed to be held firmly to the skull. As the patient was taking the chloroform badly it was thought wise to postpone division of the coronoid until a future time. Subsequent to this operation there was slight paresis of the orbicularis palpebrarum. November 12th the jaws could be separated to a slight extent, probably 1/16 of an inch. November 16th an incision was made through the cicatrix of the former wound and extended forward about ½ an inch. The neck of the condyle was exposed and a copper spatula placed beneath it to protect the internal maxillary artery. Entered the saw in the groove made at the first operation, and went through the periosteum on the external surface which had not been completely divided. Now it was found impossible to open the jaw, so the saw cut was extended partly through the base of the coronoid process, completing the division by means of the chisel. The jaws could not be separated until the chisel broke completely through the coronoid process. Then the jaw was easily opened to the extent of an inch.

The temporal muscle was separated from the coronoid process and the latter removed with a small section of the ascending ramus. Then the condyle was chiselled from the glenoid cavity to which it was united by bone. The ascending ramus was trimmed with bone forceps. Then the index finger could be placed between the ascend-