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EXCISION OF NEARLY ONE HALF OF INFERIOR
MAXILLA.

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The late Professor Goodsir having directed my attention in 1848 to a foot note in an edition of Knox's Anatomy in which the operation for the removal of the Superior Maxilla (shortly before proposed by my late uncle, John Lizars of Edinburgh,) is looked upon as quixotic, my attention was thus early and forcibly drawn to the surgery of the jaws. I have, therefore, in studying the operations on the lower jaw, been struck by the almost unanimous testimony of authors as to the "facial paralysis," and the frequency of annoying and often long-continued salivary fistula, to obviate which must necessarily be an object of anxiety to the surgeon, and of the utmost importance to the patient.

Finding that the ordinary, yet standard text books on surgery (Gross, Erichsen, Miller, Pirrie, Holmes, &c.) all advise an incision more or less semilunar, viz, from the zygoma downwards in front of the ear to the angle of the jaw, and thence forwards as far as may be requisite, whereby both the portia dura and parotid duct *must* be