

The maxillary glands are not enlarged. He cannot assign any cause for the complaint, never received a blow on his jaw, is much addicted to smoking, general health good.

As the tumour was now evidently increasing rapidly, and had reached the symphysis menti, it was resolved to remove it, and with it, the left half of the inferior maxilla.

On the 18th of June, he was brought into the operating theatre and was strapped in a chair. Local anæsthesia having failed to produce the desired effect, the patient insisted that, chloroform should be administered to him, which was very reluctantly done, but not carried to the extent however, of producing total insensibility, so that, he could spit out the blood when directed to do so. A curved incision was commenced at the angle of the jaw, carried along its base to the chin, and thence upwards near the mesial line, as far as practicable, without totally severing the lower lip. The flap was dissected upwards along with the masseter muscle. The jaw was sawed near the symphysis. The muscles and other soft parts were cautiously dissected from before backwards. A strong ligature was firmly tied to the free end of the bone, which facilitated the remaining part of the operation very much, as traction could thus be exercised in any required direction, during the disarticulation of the jaw. Three ligatures were employed, and a piece of sponge was placed in the wound until reaction was established, which took place five hours afterward, when it was found necessary to apply another ligature to arrest the hemorrhage. The wound was then closed by sutures, and supported by an appropriate bandage.

On the 22nd the bandages were changed, there was then a free secretion of healthy pus. Union to the extent of an inch had taken place at the upper end of the wound.

He continued to progress satisfactorily. On the 18th July the wound had united in its whole extent. He was then permitted to visit his friends in the city occasionally; but continued in the Hospital until the 23rd July, on which day, he was discharged, much pleased with having got relieved of such a loathsome disease.

He presented himself again at the Hospital on the 10th September following, when the cicatrix and surrounding parts maintained a healthy appearance.

Dr. Dickson was assisted at the operation by Drs. Stewart and Fowler, in the presence of Staff Surgeons Mair and Smith, Drs. Yates and Baker, and a large number of medical students.

P. S.—The subject of the above report presented himself again at the Kingston General Hospital on the 13th December 1855, for re-admission. On examination it was discovered that the cicatrix internally was studded with a chain of fungoid projections, an ulcer of malignant aspect was also apparent beneath the chin. The lungs afforded unmistakable evidence of disease. It was therefore deemed inexpedient to adopt any other than a palliative mode of treatment.

The disease progressed steadily until the 16th of March 1856, on which day the patient died, having survived the operation nine months lacking three days.

Kingston, January 10, 1861.