

an abscess again formed in the cheek, which opened upon the surface in the site of the original cicatrix. Since that time the cheek has never been quite free from swelling; also there has been an occasional collection of pus. It is this continued discharge which has led her to consult me.

Upon examination I find the left cheek somewhat swollen, and very considerably widened, so that the mouth is turned to the right side to the extent of nearly an inch. The formation and healing of the abscesses, has no doubt contributed to produce this. The jaws are most firmly closed; she says, however, that there is a very limited lateral motion of the jaw on the right side. The upper front teeth are somewhat projecting. Thereby it was that a certain quantity of solid food could be introduced to the mouth. The cavity of the left cheek is entirely obliterated up to the very corner of the mouth. Notwithstanding the immobility of the jaw, she could articulate with perfect distinctness.

I recommended another effort to divide the parts as offering the most probable permanent relief. After some days' consideration she determined to submit again to the use of the knife. The operation was performed on the 24th October, 1864. I was ably assisted by Dr. Burdett and Dr. Relyea, dentist, whose advice had mainly caused her to undergo the operation. Chloroform was administered. It would be more agreeable to relate that the operation was completed at this time. But unexpected difficulties were encountered. The fact that she could even slightly move the jaw laterally had led me to think that the knife could readily divide all the structures holding the parts together. But, after thoroughly separating the parts, including the masseter muscle, no available force could be found to part the jaws. The reason soon became apparent. They were firmly united by fibro-cartilagenous bands which gave thickness to the periosteum, and fitted closely around the teeth. And, in growing, they had assumed a very irregular position in the jaws. At the posterior part there was also a quantity of calcareous matter. The operation, therefore, had so far again failed. But we were not discouraged. A week after, the patient willingly allowed us to continue the operation. During this time union had been prevented by the introduction of a tent supplied by Mr. Relyea; with a good assortment of instruments for working around teeth, and a fine metacarpal saw, and the patient placed under chloroform, the operation was resumed. A strong scalpel was first used to divide as much as possible of the strong bands; then the somewhat pointed instruments were employed to sever the substance around and among the teeth. Finally, the saw was made to traverse the space between the jaws; while, at the same time, leverage