the latter are cut, they will retract and thus give vent to the flow of blood. *Tubercular glands.*—The best incision for the removal of these glands in the upper part of the anterior triangle is a transverse one, which crosses the neck in the crease just over the cornu of the hyoid bone. A similar transverse incision should be employed in the lower part of the posterior triangle, but in the other parts of the neck it should be directed obliquely, *i.e.*, in the direction of the fibres of the sterno-mastoid muscle. While the removal of non-adherent glands is oftentimes a comparatively simple matter, yet the majority of cases in which operative work is undertaken, present glands, which, from inflammatory processes, have become adherent to the adjacent structures, especially the veins, and hence the surgeon, who is not thoroughly conversant with his anatomy, should not undertake this operation, since it is not a case of "cut and tie." So many structures are grouped within a comparatively limited area in the neck, that important nerves such as the spinal accessory, pneumogastric, phrenic, etc., may be severed, or veins, which in this condition are often enlarged, wounded, with the possibility, among other dangers, of the admission of air into the circulation. *Cervical Abscesses.*—In opening these, Hilton's method, already referred to when dealing with axillary abscess, should be employed, and the forceps should be inserted in a direction, as far as possible, away from important structures. Souchon advises graduated dilatation by means of canulæ, gradually increasing in size. *Parotid Abscess.*—The opening to relieve this condition should be carefully made, because of the number of important structures in relation to the gland, thus we have: The external carotid, giving off its terminal branches; the trunk, formed by the temporal and internal maxillary veins; the facial nerve; the auriculo-temporal and