

He sat up to-day—can articulate many words distinctly. To use a piece of lint soaked in the following wash as a dressing to the sore.

℞. Acid Carbolico ʒ ii.

Aquæ Oi.

1st Dec.—Leaves the Hospital to day. He can now readily swallow such food as soft boiled eggs, etc. He can articulate wonderfully well, being readily understood in almost anything he says. The wound has nearly all cicatrised over. He started that same evening for Ottawa, having to travel by rail a distance of about 190 miles. He bore the journey surprisingly well, arriving at his home the following day 2nd December, at eleven a.m.

CLINICAL REMARKS.—The operation as here described differs in some minor points from that performed by Mr. Nunneley. Mr. Nunneley transfixes the floor of the mouth midway between the symphysis and hyoid bone, by means of a curved needle, carrying at once into the mouth a wire rope doubled; in the operation as performed by myself, not having a wire rope, and time not permitting to procure one elsewhere, I determined to use the ordinary chain of the *écraseur*; in doing so I felt convinced that the opening beneath the chin would have to be enlarged. An incision was made through the skin and fascia extending downwards from the lower margin of the symphysis to within a line or two of the body of the hyoid bone. The genio hyoid and mylo hyoidei muscles were separated with the point of the finger; having arrived at the mucous lining of the floor of the mouth I transfixed it with a curved needle to the right of the frænum and close to the base of the tongue. The needle carried a strong thread to which was attached the middle of the chain of the *écraseur*, so that the chain was introduced into the mouth double: Dr. Campbell, who kindly assisted me, then slipped the tongue through the loop of the chain, forcing it to the back of the organ, and its substance was transfixed with a piece of strong whip cord, by which he drew it forcibly out of the mouth and a little upwards. I now found that on raising the handle of the instrument the chain was thrown forcibly backwards in the very position which was desired. Having first satisfied myself that it was free of the epiglottis, I drew it sufficiently tight to strangulate the organ, and then proceeded to draw in the chain allowing fifteen seconds between each click of the instrument, being timed by Dr. MacCallum.

Mr. Nunneley uses a strong wire rope, and to prevent its slipping forward, transfixes the base of the tongue with two or three strong pins the points of which are made to protrude on the upper surface of the organ in front of the rope. In this case I was enabled to dispense with