

cautery cases was 32.4 days. The shortest, 26 days; the longest, 50 days. The sixth case died. The average period of convalescence after median division (three cases) with the twisted wire *écraseur* was 21 days; shortest, 16 days; longest 27 days. The average period of convalescence of five cases operated on with the twisted wire *écraseur* was 19.2 days. Two patients were well in 12 days; the longest 27 days. In the sixth case where the suprahyoid incision was used, a fistula remained for a year; and in the seventh case, recurrence took place before the wound was healed. In three cases where the cutting operation was performed, the average period of convalescence was  $16\frac{1}{3}$  days. In the fourth case, where the symphysis was divided, the bone did not unite for five months.

Mr. Morris remarks that the amount of tongue removed does not affect the length of the period of convalescence. He does not recommend the supra-hyoid incision; he says it is not necessary for drainage, and that a fistulous opening is liable to remain. When more room is wanted to get at the base of the tongue, Mr. Morris prefers the division of the cheek from the angle of the mouth; the wound heals readily, leaves but a slight scar, and adds nothing to the risk of the operation. He considers that division of the symphysis is the most formidable and least favourable method of operating, and is only necessary when the mucous membrane on the inner surface of the jaw is affected and cannot be otherwise removed. In his earlier operations, Mr. Morris employed the galvano-cautery *écraseur*; this he has now discarded; the slough which follows is most offensive, and the period of convalescence prolonged. He now prefers the twisted wire *écraseur*, but cannot recommend any one method of operating, as the operation must be planned to suit each individual case. His recoveries after the use of the twisted wire have been more rapid, and hemorrhage is seldom or never troublesome. He considers the most important safeguard of the operation to be the passing of a stout ligature through the root of the tongue, behind the line of operation. By traction upon it, this ligature not only assists in counteracting the tendency of the *écraseur* to drag the cheek needles forward, but prevents the stump from