

*Excision of the upper Jaw.*—During this quarter I tried a modification of the ordinary way of operating, which, I think, was attended with very decided advantages. I have employed this modification twice since then in the hospital, and in all three cases the patients lost very little blood, and recovered rapidly. The point I allude to consists merely in beginning the incisions where they usually end, viz., at the outer angle of the eye, and dividing the articulation with the malar bone, before the incision is made any farther than merely allows of this being done. The orbital fascia is separated, and the eyeballs raised, before the incision is continued down the side of the nose, and the nasal process is also divided, and all bleeding vessels tied, before the lip is cut or the soft tissues raised. The division of the upper lip and the bony palate are thus left to the last, and the hæmorrhage is reduced to a minimum, and the annoyance which it occasions by the patient, (who has had time to recover partially from the chloroform when the other method is followed), ejecting the blood from his mouth, as is often the case, on all the bystanders, is avoided. When the operation is accomplished in the way I have above described, the hæmorrhage is much diminished, and the patient can be well anaesthetised before those final incisions are made by which blood gets an entrance into the mouth, and thus much of the repulsiveness of the operation is avoided.

*Retention of Urine.*—We receive a large number of these very troublesome cases. As a rule, the retention is due to organic stricture, but not a few patients present themselves in whom the retention arises from the congestion which so often follows a fit of intemperance. There are few affections in which one has more frequently to deplore incautious and rash interference, than those of retention, from whatever cause arising. Very few cases come into the hospital that have not been seriously injured by the careless or ignorant employment of instruments; and in the great majority of these cases—those of organic stricture and enlarged prostate—relief is obtained, after admission, without having recourse to instruments at all. The rule in my ward is to give patients a warm bath, and to inject subcutaneously  $\frac{1}{2}$  gr. of acetate of morphia, when they are in the bath. If this fail, they get a full dose of castor oil and tincture of opium, followed by an-