pain and difficulty in swallowing. About three months after its first appearance he applied to a medical man, who extracted two sound teeth in the lower jaw because they hurt the tongue. Five months later (four months before admission) the disease began to spread with considerable rapidity, and bled very much. When first seen by me, the patient had a deep excavated ulcer, of oval shape, involving the anterior two-thirds of the left side of the tongue. The edges of the ulcer were thick, raised, everted, and irregularly notched; its floor was foul, and studded with pea-shaped, tuberous granulations, discharging a thin, ichorous fluid. There was great fetor of breath, and profuse salivation. No implication of structures at the floor of the mouth, or apparently of neighbouring glands. General health much impaired, in consequence of inability to take solid food.

A great variety of means were employed with a view to improve the general health and the character of the ulcer, but as they all failed, I operated on the 3rd of October. The patient having been previously shaved, was placed upon a table, and rendered completely insensible with chloroform administered by Mr. Snow and Dr. James Hinds. The shoulders being raised and the head well thrown back, standing on the right side of the patient I made a semilunar incision along the base of the lower jaw, commencing at the symphysis, and extending it outwards on either side to a point just anterior to the facial artery. A second incision was carried vertically downwards from the centre of the jaw to the hyoid bone, at right angles to the first. The triangular flaps thus marked out (consisting af skin, areolar tissue, and the anterior fibres of the platysma myoides) were directed down. A narrow-bladed knife was then thrust in the mesian line close behind the bone, from below into the mouth, and swept along the inner surface of the lower jaw, as far as the posterior limits of the first incision, to divide the attachments of the muscles and the buccal membrane. An opening of sufficient extent be ing thus effected into the floor of the mouth, the tongue was drawn down upon the anterior part of the neck, and secured by my friend and col league, Mr. J. F. West. The tongue being raised, I thrust a narrow bladed knife through the raphé from below, just in front of the hyoid bone, into the mouth. Withdrawing the blade, I passed one by one two écraseurs through the wound, fixing one on the right half of the tongue, the other on the left, just in front of the anterior pillars of the fauces; the left one was tightened clearly, though only a couple of lines, behind the posterior limits of the disease. My colleagues, Mr. Furneaux Jordan and Mr. J. St. S. Wilders, took respective charge of the left and right écraseurs, tightening each alternately, at intervals varying from half a