

In July of the present year a man, 60 years of age, showed himself at my surgery, with the whole of his lip cancerous, the parts down nearly as far as the chin, and laterally beyond the angle of the mouth, on each side, apparently involved in the disease. The lip was greatly enlarged, very stiff, and congested to such an extent as to show a probability of early sloughing. The patient complained of intense pain, preventing all rest and rapidly exhausting him, at the same time begging hard for relief. I applied chloride of zinc paste for a few days, bringing away a pretty thick slough. This method, however, seemed likely to be futile, so I took advantage of the presence, on a visit, of Dr. Simms, of St. John's, and Dr. Fraser, to remove the whole diseased mass with the knife, as my patient's importunity for relief was only encouraged by having taken his case up. I knew the operation would surely relieve present misery, and possibly give a certain respite from death. The lip, with the soft parts covering the jaw anteriorly, were removed by an elliptical incision, the piece removed measuring five inches transversely, and between three and four vertically, leaving a good void to make up. The vessels secured, an incision from the middle of the lower border of the first was carried down very close to the crico-thyroid membrane, and two others from the lower end of this, transversely, as far as the anterior border of the sterno-mastoid muscle of each side. The flaps thus marked out were then raised as far as their bases and attached superiorly to the surfaces formed in the first incision and in the middle line to each other, leaving a somewhat rhomboidal surface under the chin to heal by granulation. On the left side the parts were brought close together and adhered, partly by first intention, partly by granulation. On the right side they were not brought quite close together, which permitted free syringing the mouth. Erysipelas set in a week after the operation, affecting the right side of face, the nose, ears and forehead, and prevented interference for securing of secondary adhesion. Some time afterwards the edges were pared and adhesion secured. The patient is now in comparative comfort, and is able to work about his farm and garden, and is much improved in general condition; still the end is only staved off, and in performing such an operation under such circumstances, whatever may be the amount of trouble, the surgeon must be content to see the disease resume hold of its victim sooner or later, and the direct end of all surgical practice frustrated, the proffered cup of cold water being his only comfort.

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On October 25, of this year, a boy aged ten years was kicked by a horse on the forehead, to the right of the middle line. On