

very favorable one for operation. No glands were implicated, and the skin over the tumour was not adherent. The more he saw of this class of cases the less eager was he to operate. for if the disease is at all far advanced, all efforts to preserve life are nugatory. He refuses to operate in more than fifty per cent of the cases which come under his observation, as the patients do not come early enough. However, in this case, he hoped both to relieve the patient from her present anxiety and pain and to prolong her life.

HARE-LIP.

After the operation, Mr. Smith showed a child on whom he had operated some weeks ago for hare-lip. The child had also a cleft palate. This was a very bad case. The child had been operated upon before in the country; but, owing either to some failure in the after-treatment or the crying &c. of the child, the edges of the wound had not adhered. Those who saw him perform the operation would remember that he expressed his fears that the result might be good, for he had to pare away a great deal, and also had to detach the cheek almost as high as the orbit, so as to bring the pared edges together. After the operation a spring cheek compressor was put on. The child, as they saw, had done well, and this result was extremely good.

LIGATURE OF THE SUBCLAVIAN.

Sir W. Fergusson ligatured the subclavian for aneurism of the third part of the artery. The patient, a man about forty years of age, had noticed a pulsating swelling at the root of the neck, on the left side, since Christmas. He had been under treatment, and was at last sent to the hospital. The tumour was near the mesial line, and it was difficult to decide, before operating, where the artery should be tied. An incision was made along the clavicle, and then others above and below at right angles to it. After a long and careful dissection the aneurismal tumour was come upon, overlapping the scalenus muscle. It was pushed outwards and downwards and then the scalenus was seen, there was then some delay in making out the artery; at last it was seen on the outer margin of the muscle, and was ligatured there. Sir William Fergusson said this was the fourth time he had ligatured the subclavian, the first time more than forty years ago. The operation was a troublesome affair, as most of them are. A curious thing was noticed towards the end of the operation—a white serous fluid was seen at the bottom of the wound, and probably the thoracic duct was injured, yet it might not be so, as the subclavian was not seen, and he did not think he was near the angle where the duct joins the vein. The danger in operating on the left side is always greater on account of the duct.—*Lancet*.