

would not permit of being brought together, yet it healed perfectly in three weeks by granulation, a soft yet polished cicatrix being left. For a period of eight months she continued quite well and exempt from all annoyance. After this time she began to complain of uneasiness behind the angle of the jaw on mastication: by degrees the part became tense, and then she felt a small tumour there. This at the time she believed originated from cold, and it did not alarm her, more particularly as she often relieved the urgent pain by repeated stuping. However, the swelling continued to increase so as to become perceptible, and when it attained such magnitude as to fill up the angle of the jaw, she began to suffer from the effects of paralysis of the facial division of the 7th nerve on the right side. Day after day the tumour extended itself, particularly in the direction of the site of the original warty excrescence. At this time she again sought my advice, and then the case was truly a lamentable one. A tumour, considerably larger than an orange, filled up the space between the angle of the jaw and the mastoid process, lost upwards towards the zygoma, passing downwards and encroaching on the neck, extending behind the ear, and implicating the structures attached to the occipital bone: uneven, projecting, and lobulated on its surface; fixed, irregular, and immoveable at its base. The colour of the tumour was very remarkable and strikingly indicative of the condition so frequently associated with the proper circulation of the true cephaloma. Large veins traversed it in every direction, some of them lying, as it were, in grooves embedded on its surface; while again numerous vessels marked the colouration in a peculiar way, constituting what might be called a number of vascular spots, from which capillaries radiated in every direction for a short distance, and ultimately breaking up into a fine ramiform distribution.

Here is a cast taken from the patient at this time, which most accurately shows the position, form, and colour of the secondary tumour, also the paralytic condition of the corresponding side of the face, from the implication of the motor portion of the 7th nerve with the morbid product.

The face is greatly distorted, and the right side very remarkable when contrasted with the other. Upon the forehead the integuments lie flat, smooth, and at rest, there being no wrinkles or motion as on the left side. A vertical furrow is placed nearly in the centre, dividing the bulging of the muscles on the left side from the uncontracted state of those on the right; and the slip of the occipito-frontalis muscle forms a remarkable prominence at the junction of the nasal bone with the frontal on the left side. The power of closing the eyelids of the right eye was lost; they remained always open. When asked to close the