seated as well as the superficial parts. This mass, when I last saw the patient, was about the size of two fists, extending from the ramus of the inferior maxilla to the clavicle. The patient died apparently from innanition and cancerous cacexia, on the 5th of April last, four and a half months after the operation. The stump of the tongue never gave him any trouble, but the diseased mass above mentioned, interfered with his swallowing solids, and the last few days of his life he could with difficulty swallow even fluids.

In the case above reported, a similar unfavorable result is apparently imminent, the mass of glands is nearly the size of a child's head, and the patient swallows with difficulty.

I would draw attention to the fact, that in both of these cases, the loss of blood was very trifling, although the whole organ was removed, or as much of it as it was possible to include in the chain of the *ecraseur* without injury to the epiglottis.

With regard to the advantages of the operation, I look upon it as not only justifiable but desirable as it removes from the sufferer a foul ulcerated sore, which is a source of great misery from its situation, and must, to a certain extent, act injuriously on the patient's general health, interfering greatly with his digestive organs, as no particle of food can be taken without some portion of the discharge from the sore passing with it into the stomach.

That removal of the diseased mass prolonged life in both cases reported, may be readily admitted, as in the first case operated on the patient had suffered from frequent losses of blood which had reduced his strength. In the case of Gauthier, the disease was rapid in its invasion, and I have little doubt, that the poor man would soon have succumbed, had the operation not been performed. I need only add, that I shall have no hesitation in repeating the operation of excision of the tongue in any suitable case which may present itself.

Aneurism of Arch of Aorta. Under care of J. M. DRAKE, M.D., Professor of Clinical Medicine, McGill University. Reported by T. G RODDICK, M.D., Assist House Surgeon Montreal General Hospital.

Philip Evans, æt 32, formerly a soldier, of late years a lumberman, was admitted into the Montreal General Hospital under Dr. Drake on the 19th March, 1869.

On coming in he seemed to be suffering intense dyspnœa, with great lividity of face, restlessness, and laryngeal breathing well marked. He could not be persuaded to lie down for fear, he said, of suffocating, and