

ing the operation; the bleeding—rather free—from numerous small arterial and venous branches was effectually controlled by the application of ice. I had now loosened the tumour from its attachments to the face, and had reached the mastoido-maxillary space; at this stage the dissection was continued by liberating the ear, its cartilaginous portion being strongly and firmly attached to the tumour, from thence it was quickly and without difficulty separated from its attachments to the temporal and occipital bones, and from the posterior region of the neck. Now the process was somewhat varied, at times I worked at the anterior, at others at the posterior surface, then above, then below—my stout friend, D'AVIGNON, pulling up and down with both hands to assist the dissection which was concluded almost solely with the handle of the knife or by tearing with the fingers. The tumour was now detached save at one point—back of the jaw—which appeared as if it were the pedicle; hence here should be the source of all evil, here must be the passage of the nutrient vessels; a large ligature was in readiness, and seizing the pedicle between the fingers of the left hand, it was divided with one stroke of the knife—the tumour removed, but there was no artery!

We could now ascertain the extent of the deep relations of this large mass: the length of the incision extending from the eye to the first rib was over thirteen inches in length, and uncovering the zygomatic process, the masseter muscle, ramus and angle of the jaw on one side, and on the other the mastoid process with origin of sterno-cleido-mastoideus, lateral portions of occipital bone, part of occipito-frontalis and trapezius muscles; the parotid region presented a deep chasm, at the bottom of which could be seen the styloid process and the three muscles attached to it, the external carotid could be distinctly felt and seen; the sterno-cleido-mastoideus was exposed throughout its extent, as also the anterior and posterior inferior cervical triangles limited above by the omo-hyoideus muscle. Such were the parts implicated and exposed in this tedious dissection. But a comparatively-speaking small quantity of blood was lost; the wound having been allowed to become glazed, the integuments were brought together by nine or ten sutures with adhesive slips between each of them, a compress and then a carefully applied bandage completed the dressing, and Sherman walked to his bed, after having been on the table less than twelve minutes.

No chloroform was administered, he objecting strenuously to its use, as he was anxious to know and see what was going on, and right well did he do so, never having even so much as moved a hand or made a loud sigh. The tumour weighed a trifle over *thirteen and a-half pounds*, and is now, with my cabinet, in the museum of the University of Vermont, at Burlington. It was of the true fibrous character, and is probably the largest tumour—so far as I can ascertain—ever removed from that portion of the face and neck. The one nearest to it is that of Liston, which weighed twelve pounds, and is undoubtedly the one figured in his *Practical Surgery* (Philadelphia Edition, page 219). There is another case on record, though the dimensions are not given, by GOODLAND communicated to the Medical and Chirurgical Society of London, on the 6th Feb., 1816, and published in the First part of the Seventh Volume of the *Transactions* for that year.

It would be useless to detail day by day the after-treatment, which, as in all