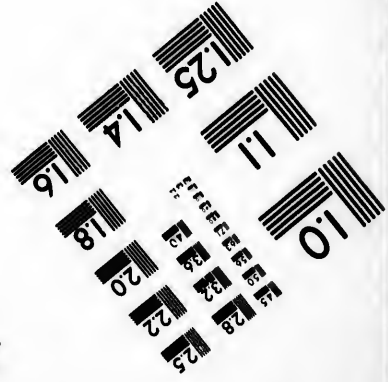
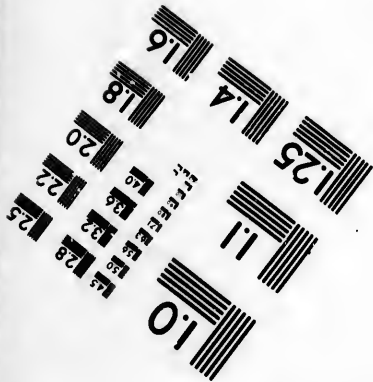
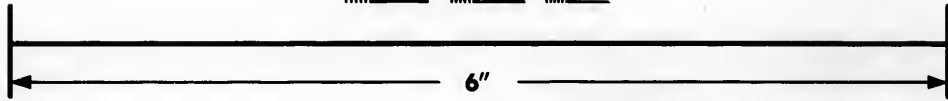
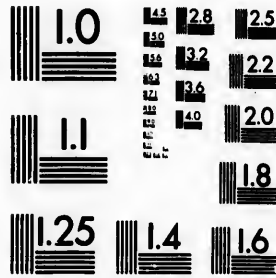


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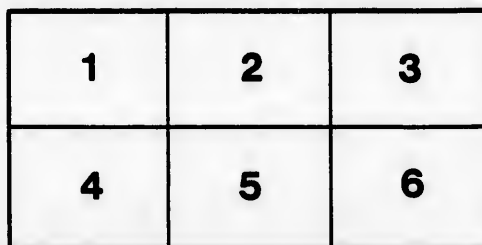
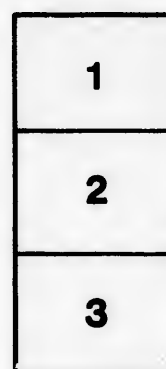
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EXCISION OF HALF OF THE TONGUE.

BY

GEORGE E. ARMSTRONG, M.D.,

Associate Professor of Clinical Surgery, McGill University; Surgeon to the Montreal General Hospital; Attending Surgeon to the Western Hospital, Montreal; Consulting Surgeon to the Protestant Hospital for the Insane, Verdun.

J. L., æt. 63, entered the Montreal General Hospital on Sept. 15th, complaining of a painful lump on right side of tongue and difficulty in swallowing.

About two years ago the patient noticed a roughening on the right side of the tongue, about $1\frac{1}{2}$ inches from tip, which caused no pain but did not disappear. Four months ago a little lump appeared on the right side of his tongue which pained him greatly and inconvenienced him in swallowing.

For the last two months patient has not taken any solid food and during the last four months has lost flesh. Examination of the tongue showed, on the right side of the border of the tongue, a small hard indurated mass, about the size of a small bean, which appeared to involve the lingual nerve. Hot and cold liquids caused the patient pain.

An operation was advised for removal of half the tongue by Butlin's modification of Kocher's method.

Patient was prepared for operation on Sept. 21st. Ether having been given, a preliminary tracheotomy was performed and a well-fitting canula introduced. The pharynx was then packed. An incision was then made from the mastoid process to the hyoid bone and thence along the anterior belly of the digastric muscle to the jaw, slightly to the right of the median raphe. The platysma was divided and the lingual artery ligatured as it passed under the hyoglossus muscle. The facial artery was tied, the submaxillary and lymphatic glands were then extirpated, all the lymphatic glands carefully dissected from the anterior triangle of the neck, the mylohyoid muscle divided and the sublingual glands removed. The mucous membrane along the jaw, and the mylohyoid muscle was then divided. The tongue was split down the middle line, the right side drawn well out of the wound and excised well behind the disease. All oozing being stopped, the wound was closed, the tracheotomy tube left in and the

pharynx freshly plugged. For three days the patient was fed by the rectum and after that by a tube through the mouth. On the eighth day the tube was removed, and on Oct. 25th, the patient was discharged, cured, being the thirty-first day after operation. The pathological report was carcinoma of the tongue.

This patient presented himself for inspection on the 1st December. The remaining half of the tongue lay in the middle of the floor of the mouth and was straight, not curled up; it was moist, and materially useful in mastication and speaking.

