which should guide their management are simple, and the means, operative and otherwise, easily enough applied.” Of late a variance of opinion has arisen in regard to the treatment after operation on the rectum ; one party main­taining that in all cases little or no dressing is required ; the other, that in every case stuffing and compression of the wound are essential to the safety of the patient. As is usual when opinions are in extreme opposition, we find that truth occupies a middle place. In some slight cases of ope­ration, for fistula, hæmorrhoids, &c., no more dressing is re­quired than what is sufficient to prevent immediate union of the divided parts ; while in others, a degree of compres­sion must be made on the divided surface, proportioned to the extent of the incision and the probability of hæmorrhage. It would be very unnecessary to cram the wound in the first class of cases ; in the second, it would be equally unwise to leave the parts wholly unsupported.

As the pathology of tumours has become more and more understood, operative procedure has been withdrawn from some and extended to others. Diagnosis having become both more easy and more accurate, we can now readily dis­tinguish between those of a benign and those of a malig­nant disposition. In regard to the latter, experience has taught us to forbear from operative interference, unless at the very first accession of the disease ; for though the more simple tumours, even when of large size and long du­ration, may be removed with every prospect of permanent cure, yet in those of a malignant nature, immunity from re­currence of the disease can be hoped for only when the re­moval is very early ; when the local affection is still limit­ed and loosely attached ; when there is a certainty of being able to remove, not only the morbid structure itself, but some portion of the unaltered tissues which invest it ; before any affection of the neighbouring lymphatics can be detect­ed ; and before the general system seems to have been perma­nently involved. Among the more benign tumours, the most remarkable extension of active surgery is in regard to the solid tumours of the jaw. Not long since these formidable formations were looked upon with horror and dread, as one and all of the most malignant tendency, and were conse­quently left to their own course. But now we have been taught that such is not, and ought not to be, the case ; that many doubtless are most malignant, and must not be in­terfered with ; but that others, and sometimes even those of the most formidable appearance, are sufficiently local and apathetic to warrant the adoption of active interference with the most sanguine hopes of success. Both the upper and lower jaws, involved in large and frightful tumours, have of late years been removed by operation ; and when the case has been judiciously selected, good success has been invariable. In the soft medullary tumour of the upper jaw, commencing in the antrum, an opportunity warranting interference can seldom occur ; for before the morbid for­mation has appeared externally in the mouth or nose, it has not only completely involved the bone in which it origi­nated, but also included in the diseased mass the palate-bone, the ethmoidal cells, the orbit, and even the sphenoidal sinuses.@@1 It is only when such a disease, at an early period of its existence, is confined to the antrum, that removal of the superior maxillary bone can be of service ; but unfor­tunately its true nature is seldom discovered until a portion of the tumour has become apparent by the giving way of the parietes ; and when that has occurred the case is hopeless for its extension backwards very far exceeds the outward protrusion. In its first stage the prominence of the cheek has the same smooth glistening appearance as in chronic

abscess of the antrum ; but the parietes of the tumour are hard and unyielding ; they soon thin at one or more points, there communicating a pulpy feeling to the finger ; and when they have completely given way, the ravages of the disease are as rapid as uncontrollable. The more benign tumour in this situation—originating in the bone, and usu­ally the result of injury—is, on the contrary, slow in its pro­gress and of very firm consistence ; its surface is lobulated, and if ulcerated by accident, soon heals again ; the inter­nal structure, of a firm fibrous character, is limited by a dense cellular cyst ; and the neighbouring bones are either simply displaced, or removed more or less by interstitial ab­sorption ; the prosτess of the tumour is in consequence al­most entirely towards the surface. It is in such cases that the surgeon does not now hesitate to remove the superior maxillary bone ; for with it. he knows that he can take the whole diseased formation. It is doubtless a formidable ope­ration, and not unattended with danger ; but the risk is in­significant when compared with the ultimate benefit likely to accrue. It is therefore evidently of the highest import­ance to distinguish accurately these two classes of tumour, the treatment suitable to each being so widely different ; in the one case operation is wholly inadmissible, while in the other the sooner it is had recourse to, the greater is the probability of a successful result. Care should also be taken not to confound either with the more simple affection of accumulated fluid in the enlarged antrum ; for it has hap­pened that a surgeon, after having made up his mind to at­tempt removal of the superior maxilla, has, “ on trying to divide the connections of that bone, had his hands covered with purulent matter, and himself with shame and confu­sion.” The same general description applies to tumours of the lower jaw as to those of the upper, with this difference, that the relative position of the former somewhat prolongs the favourable opportunity at which tumours even of ma­lignant tendency may be removed. The medullary tu­mours are also of much less frequent occurrence ; there is no large cavity, like the antrum, in which they may originate, and the great majority consequently come under the deno­mination of ostco-sarcoma. That very many tumours of the jaws are attributable to disease, or even faulty position, of the teeth, and to unskilful dental operations, is a fact as true as it is important, and should direct both surgeon and patient to greater and more frequent attention to those in­fluential little portions of the osseous system. After the operation on either jaw, an unseemly void of course remains; but nature, assisted occasionally by the dentist, does won­ders in repairing this, and the actual deformity is in many cases surprisingly slight.@@2

In operations for the removal of tumours in the soft parts, we have elsewhere stated that the incisions should be so planned as to divide the principal vessels at the outset, as thus both time and blood are saved. If the vessels impli­cated are large, temporary pressure on the trunk may be made by the assistant ; but it can seldom if ever be neces­sary to practise a preliminary operation for the securing of that trunk by ligature. In most cases the dissection of the tumour should be made as rapidly as is consistent with the safety of important parts in the neighbourhood. But when the tumour is suspected of a malignant tendency, the dura­tion of the proceeding must not be considered ; the dissec­tion must be methodical and deliberate. As it proceeds, the parts must be examined carefully by both the finger and eye ; and on its completion, the removed mass must be mi­nutely surveyed, lest any shred of morbid formation be left in the wound. No successful result can be hoped for, un-

@@@, Sometimes these tumours commence in the latter situations, and involve the superior maxillary bone secondarily.

@@@, For details of the operation, we again refer to Liston’s Practical Surgery ; a work of great value, from the perusal of which both practi­tioner and student will derive much profit, and to which, we beg to acknowledge, we have been not a little indebted in the course of the present article.