contents of the tumor : and this is done in two ways ; either by extracting one of the two anterior great molares, which are ſituated under the antrum, and making a perforation with a round trocar (fig. 49.) through the bottom of the ſocket ; if this has not been already perforated by the fangs of the tooth or eroded, in which caſe the matter will paſs out immediately after the extraction : or the perforation may be made by the inſtrument repreſented in fig. 50. thro’ that part of the antrum which projects outwardly over the molares. As moſt people with to avoid the pulling of a tooth, when it does not appear to be abſolutely necessary, the perforation is commonly made in the way laſt mentioned. Some au­thors, however, object to this, as not giving a ſufficiently depending opening to the matter. As ſoon as the matter is discharged, a plug may be introduced into the perfora­tion, which may be removed frequently to allow the matter to paſs out, and to admit aſtringent ſolutions of bark, &c. to be occasionally thrown into the cavity of the antrum. In this way a cure is obtained, if the bones be ſound ; but if they are carious, it is impoſſible to expect a cure till the diſeaſed portions of the bone exfoliate and be removed. When cloated blood is formed in the antrum, it is to be re­moved in the fame manner. Sometimes the tumor of the cheek is owing to a ſwelling of the bones, and no matter is found in the antrum : In that caſe the operation does harm. No external application has yet been diſcovered for removing ſuch a ſwelling, though a long continued courſe of mercury has been found to be of ſome ſervice.

Sect. VII. *Of Ranula.*

This is a tumor under the tongue, moſt frequently owing to an obſtruction in one of the ſalivary ducts. Sometimes it contains matter like the ſynovia of the joints, ſometimes a fatty matter, now and then ſtony concretions, but moſt com­monly a fluid like ſaliva. It often acquires ſuch a ſize as to prevent sucking in infants, or maſtication and ſpeech in adults. When the perſon attempts to ſpeak, he only makes a croaking noiſe : hence the name of the diſeaſe.

The beſt mode of treatment is to lay the tumor fully open by means of a ſcalpel or large lancet, to evacuate its contents completely, and then to waſh the cavity with any mild fluid, as milk and water. If the ſore be difficult to heal, tincture of bark or other aſtringents may be uſed. When the tumor is obſerved to be filled with a fatty or any other firm ſubſtance, it ought to be removed entirely. The only application neceſſary in the time of the cure, is the frequent injection of milk and water, or any other mild fluid, by means of a ſyringe.

Sect. VIII. *Ulcers within the Mouth.*

When ulcers of the mouth ariſe from a general affection of the ſyſtem, this muſt be removed before a cure can be ex­pected. When they originate from ſharp points in the teeth, theſe are to be filed off, and ſome aſtringent ſolution taken occaſionally into the mouth. Notwithſtanding theſe and other remedies, the sores ſometimes becomes worſe, diſcharging a thin fetid ſanies, attended with much pain, and putting on every appearance of cancer. In this ſituation, ex­tirpation is the only thing that can effect a cure. If the ſore be only ſuperficial, it may pretty readily be extirpated; but when deep-ſeated, it may ſometimes be neceſſary to cut through the whole ſubſtance of the cheek, and heal the ſore by the hare-lip suture. When the tongue is the ſub­ject of operation, the operator ought to be ready to take up the bleeding veſſels by the tenaculum or the needle. Along with ligature, it may be neceſſary to uſe aſtringent gargles, or a mixture of vitriolic acid in water. If theſe fail, the potential or even actual cautery muſt be uſed.

Sect. IX. *Division of Fraenum Linguae.*

Sometimes the frænum linguæ extends to the point of the tongue, and tying it down; whereas, in the natural ſtate, it ends about one-fourth of an inch farther back. When this is the caſe, it is to be divided, guarding againſt wound­ing the neighbouring veſſels, or the ends of the ſalivary ducts. The diviſion may be made with a common ſcalpel, but ſtill better with a pair of very ſharp ſciſſars with blunt points.

The child being laid acroſs the nurſe’s knee, the ſurgeon ſhould open the mouth, and raiſe the tongue with the two firſt fingers of the one hand, while with the other he intro­duces the ſciſſars, and divides the fraenum in the middle, and as far back as is neceſſary.

Sect. X. *Of Enlargement of the Tonſils and Uvula.*

The tonſils ſometimes grow ſo large and hard as to be­come incurable, and even to threaten ſuffocation. The tumors here have been commonly conſidered as to be of a ſcirrhous nature ; but they are neither attended with ſhooting pain, nor are they apt to degenerate into cancer ; neither do ſwellings return after the tonſils have been extirpated : hence they ought not to be removed till by theſe ſize they impede deglutition or reſpiration ; but whenever they do this, they may be removed with ſafety. The only proper method of removing them is that by ligatures, which are not only void of danger, but ſeldom fail to perform a cure. If the baſe of the tonſil be ſmaller than the top, the liga­ture is to be uſed as for polypi in the throat ; but however broad the baſe of it may be, much difficulty will ſeldom oc­cur in fixing it, for the ſwelling is always very prominent. In diſeaſes of this kind both tonſils are generally affected ; but if the removal of one of them forms a ſufficient paſſage for the food, the other may be allowed to remain. When, however, it is neceſſary to extirpate them both, the inflam­matory ſymptoms produced by the extirpation of the firſt ſhould be allowed to ſubſide before any attempt be made to remove the other.

When the form of the tonſils happens to be conical, ſo that the ligature would be apt to flip over their extremi­ties, Mr Cheſelden has recommended a needle (fig. 56.),with an eye near the point : a double ligature being put into the eye, the inſtrument is to be puſhed through the centre of the baſe of the tumor, and the ligature being laid hold of by a hook and pulled forwards, the inſtrument is to be withdrawn ; then it is to be divided, and ſo tied that each part may ſurround one half of the tumor. This method however is ſcarcely ever found to be neceſſary.

Enlargements of the uvula, from inflammation or from other cauſes, may generally be removed by the frequent uſeof aſtringent gargles, as of ſtrong infuſions of red roſe-leaves or of Peruvian bark. But when theſe fail, and the enlarge­ment is ſo conſiderable as to give great uneasineſs by impe­ding deglutition, irritating the throat, and ſo cauſing cough, retching, and vomiting, extirpation is the only thing upon which any dependence can be placed. Exciſion is the readieſt method when the uvula is only elongated ; ſhut when the ſize is conſiderable, dangerous hemorrhagies ſometimes attend this method ; on which account a ligature is pre­ferable. The operation may be readily performed by thoſe of the common kind; ſome prefer the curved probe-pointed biſtoury.

In performing the operation, the ſpeculum oris (fig. 57.) is neceſſary to keep the mouth ſufficiently open, and the uvula ſhould be laid hold of by a pair of forceps or a ſmall hook, so as to keep it firm, and prevent it from falling into the throat. After the operation, if the bleeding be conſiderable, it may be checked by aſtringent gargles, or by