normal position, the head of the radius is completely natural in appearance, but is displaced forwards on the anterior aspect of the external condyle of the humerus; covering the head of the dislocated bone, and forming an entirely new socket for it, is a large mass of adventitious bone from one-eighth to one-quarter inch thick. It is rough and irregular on its external aspect, and presents one moderate-sized fenestra from imperfect development; it is about one and a half inch in width, and extends from the extreme margin of the condyle to about the middle of the trochlea of the humerus, just allowing space for the coronoid process of the ulna to lie beneath it. (Vide Figs. I and 2.) At its base is seen the pit or excavation about three-fourths of an inch deep in which lies the head of the radius. The inferior aspect is broad, and it gradually bevels upwards, approaching the humerus, until about one and a half inch above the trochlea, it terminates against the anterior surface of the shaft of that bone.

Staphylorrhaphy in a case of Congenital Fissure of the Hard and Soft Palate. By R. P. HOWARD, M. D., L. R. C. S. E, etc., Professor of Medicine, McGill College. Reported by JOHN BELL, M.. A., M.D., House Apothecary Montreal General Hospital.

The success of the following operation is due to the untiring perseverance of the surgeon in performing it and the admirable fortitude of the patient James Rowen, who submitted to it. He is a young man from the country, nineteen years of age, healthy and robust.

He was admitted into the wards of the Montreal General Hospital on the 14th of March, 1867, and allowed to remain for several days before the operation was performed, to accustom him somewhat to the hospital air, and by digital manipulation to render the mouth and pharnyx less irritable when touched.

The cleft was quite symmetrical. It commenced within half an inch of the incisor teeth and extended back through the hard and soft palates dividing the uvula longitudinally to its very end. The width of the fissure was about a third of the space between the molar teeth.

On Friday, 22nd March, Dr. Howard performed the operation, the patient sitting and without chloroform. The operation consisted in dividing the *levator* and *tensor palati* muscles midway between the hamular process and the edge of the cleft, then paring the edges of the cleft in the soft palate and bringing them together with fine silk sutures of which six were used.