

orrhage ceases, and we go on and complete the operation. This expedient has proven very satisfactory. The surgical procedure is fixed beyond the possibilities of doubt; it has passed beyond the experimental state. When surgeons everywhere become familiar with it, it will stand and be a fixed operation, and surgeons everywhere will operate by this method. The child grows up stronger and better after the palate has been closed. Some of the reasons why the operation should be done in early infancy are: The parts are soft and easily manipulated in early infancy. Children, during parturition, sometimes undergo quite serious wounds. Cranial bones are displaced and carried out of position. The dis-

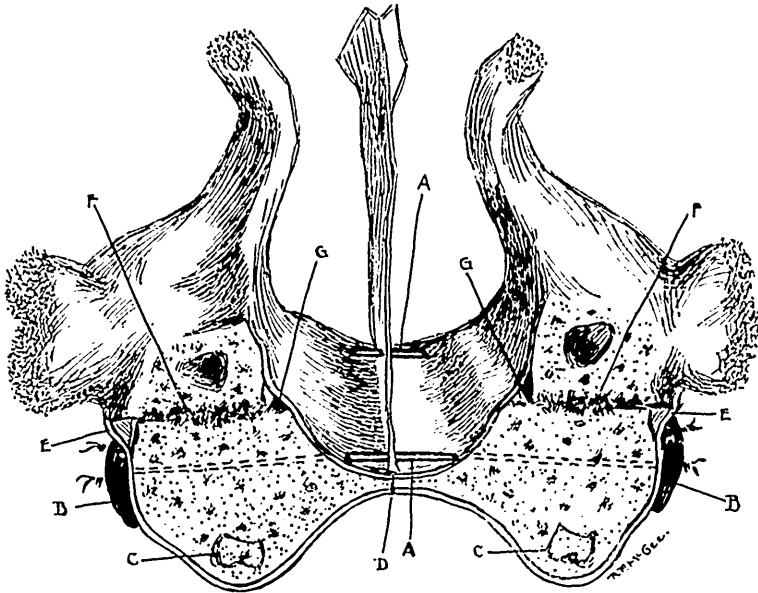


FIG. 13.

A, A. Silver tension sutures. B, B. Lead plates. C, C. Germs of first temporary molar teeth. D. Cleft closed. E, E. Muco-periosteum, forming extended wall of the triangular space by forcing the lower fragments of the bone inward. F, F. Lines of Fracture made by approximation of the palatal process. G, G. Triangular space on nasal surface of bone made by approximation of the palatal process.

placement of bones in early infancy is often great, yet they recover normal form. In one so young there is scarcely any impression made upon the vital parts. The conditions are favorable and the operation advisable.

14. Showed an oral speculum, used for the purpose of holding the tongue down, illuminating the mouth and giving access to it. Dr. Brophy seldom uses it himself in operations on the hard palate, but upon the soft it is necessary. He contents himself with closing the hard palate, and lifts the soft palate over in