free from any adhesion to favor reunion. If the frænum of the lip offers any obstacle in this respect, it should be cut without hesitation. This first step finished, you must arrest the flow of blood with cold lotions, and then reunite with the twisted suture. The operator seizes with his left forefinger and thumb the left angle of the cleft, with his right he passes in a needle about three lines from the edge of the wound, and half a line above the natural rosy part of the lip, obliquely from below upwards, and from before backwards, to bring it out at the union of the two anterior with the posterior third of the bleeding surface, brings up the other portion on the right side, places it in exact corresponding apposition, and pushes the needle through it from within outwards in the inverse direction. This first needle passes through the tissue with a slight curve, its concavity inferiorly; the object of which is to cause the inferior angles to project a little, and efface as much as possible the notch which the reunion leaves on the free edge of the lip, which is rendered more perceptible still by the consecutive retraction of the cicatrix.*

The first needle being placed, and fixed by a loop of thread, the rest of the division must be brought exactly together with the fingers of the left hand, and a second needle passed through both edges at once at an equal distance from the first, and the superior angle of the wound. The rest of the operation is performed according to the general rules for this kind of suture. The whole must be covered with a bit of lint and sticking plaster, and a bandage which keeps the cheeks forwards, and prevents any muscular strain that might tear the tissues comprised in the points of suture. The patient is then placed in bed, with his head elevated; he should not for the first few days be allowed to speak or move his jaws; a fit of sneezing or laughing will sometimes tear the suture. He should only have fluid diet: after three or four days, if all goes well, you may remove first the lower needle, the next day the upper. The thread adherent to the skin should be left a few days longer; about the ninth or tenth day the cure is usually complete.

A number of modifications of this operation have been proposed. We shall say nothing of refreshing the edges by means of a blister; but the bistoury has had more partisans. It is necessary, in order to use it securely, to place a bit of wood or solid cardboard under the lip to cut on, and for this the frænum must be previously divided. But the scissors with more facility and promptitude give a neater section.—The scissors of Dubors have been generally adopted in France.

There is only one proceeding in which the Bistoury is indispensable; it is when you wish to give a slightly concave form to the edges, so that when reunion has taken place, there remains projection at the inferior part that imitates the natural prominence better than the ordinary method. This modification has not been very successful, but perhaps ought not to be altogether rejected*

The modes of reunion have greatly varied. Bandage, sticking-plasters, interrupted quilled sutures, &c., are now-a-days generally replaced by the twisted suiure; only I agree with those surgeons who, instead of two needles, use three.—The first should then be placed a little lower, even in the rosy part of the free edge of the lip. I should add also that the bands of sticking-plaster, after the manner of Rigal, seem to me to be of great assistance to the success of the operation. After the incision, in whatever way it may have been performed, the refreshed surfaces present some inequalities which are caused by the different degrees of retraction of the tissues of the lip. We should be aware of this fact, and not try to heal the wound by a fresh and useless section.

* M. Malgaigne now adopts a very simple proceeding to prevent the formation of this notch. Instead of refreshing the edges from below upwards, he incises them from above downwards, leaving the detached slip adhering by a small slip below; he then unites the wound, and bringing the two little strips above the inferior angle of each edge of the lip, he cuts and trims them to fill up the depression. This is the method we have practised for some years, and find it far superior to the older plans.—*Rev.*

* This modification of the operation is claimed by two London surgeons, neither of whom seems aware that it has been mentioned already by Malgaigne. Mr. Skey, in page 407 of his Operative Surgery, gives a diagram representing the lines of incision; whilst his colleague at St. Bartholomew's, Mr. Lloyd, gives a clinical lecture also claiming the operation as his own. It is clear that neither originated the practice, whilst they are both open to censure for neglecting to consult our author's treatise before placing their suggestions before the profession.—*Rev.*