

maldirected intermaxillary bones into proper position and to make them fit exactly the opening left in the middle of the alveolar arch. This I accomplish by excising a triangular piece of the septum of the nose, of such an angle as to correspond to the angle made by the projecting intermaxillary bones with the arch. After it has gently been removed downwards and backwards, the surgeon can judge how much or how little is to be cut off on one side or both, that the gap may be exactly closed. I give preference to this method of changing direction over all others.

Second: To separate, as may be required, the middle lobe from the intermaxillary bones, then to freshen its edges as well as the margins of the lateral parts of the lip, resorting if necessary to auxiliary incisions, in various directions according to the peculiarities of the shortening in the soft parts, accompanied by free and extensive incisions over the underlying bone so as to allow of great mobility of the lip. This being done, and the hæmorrhage arrested, I apply a sustaining suture, which is in fact a quill-wire-suture, at a proper distance from the edges, to be united. Two pieces of common, smooth lead pencil, from one and a-half to one and three-fourths of an inch in length, and a strong needle armed with a double wire of a size larger than is ordinarily employed in the usual wire suture, are all that will be required. The needle is passed through the entire thickness of the upper lip on a transverse line striking the point of union between the septum and intermaxillary bones. The needle is made to transfix the integument from without inwards on one side, at a point half an inch posterior or outwards from the nostril, and through a corresponding point, but from within outwards, on the opposite side, and now the two pieces of pencil, one on either side of the face externally, are fastened by the double wire. Another similar suture is applied in the same manner and attached to the same pieces of pencil, about half an inch below the first, more near or remote according to the length of the intermaxillary bones, over which, that is to say in front of which, both wires must pass. By this means we accomplish a complete relaxation of the soft parts, and all tension of the muscles being overcome, the corresponding portions of the cut edges can now be readily approximated, to do which I employ the common wire suture the, wire being very small,—finding it less irritating than silk. Thus the operation is completed, no dressing being required except the occasional application of a little glycerine by means of a camel's hair pencil, upon the united wounds. The wire sutures should be removed at the end of three days' union by first intention having then taken place, while the sustaining suture may be allowed to remain to the sixth, seventh, eighth or ninth day. The wires of the latter in course of time cut somewhat the soft parts, producing four small, transverse, slightly suppurating wounds, which, however, heal without leaving any marked scar behind.