cies to such deformities runs in families and it is not uncommon for two children in one family to suffer from hare-lip and cleft palate.

Hare-lip then is a congenital affection and often is due to heredity. There are various forms of this deformity :

1. Simplest, merely a notch in the red edge of the lip.

2. Through the soft parts only and not going through to the nostril.

3. The cleft through the lip and nostril and accompanied by cleft palate.

4. Double hare-lip, with a floating intermaxillary bone and cleft palate, occurs in $\frac{1}{10}$ of all cases.

There are other forms of deformity connected with arrest of development of face, such as enlargement of mouth, a persistence of the lachrymal groove, &c. (Slides shown of these deformities.)

Single hare-lip is usually on the left side, and is always to one side in the line of the junction of the intermaxillary with the maxillary bone. The child who suffers from this deformity, as a rule, cannot suck and has to be fed with a spoon. The mother's milk should be drawn and used as food for the child. Some advocate injecting the milk into the pharynx with a glass syringe, to which is attached a piece of rubber tubing. Sometimes a stoppered bottle with a large teat, having the aperature below, is useful. Rubbing the child with codliver oil or olive oil if it is puny, may help to keep it in condition until old enough for operation. Artificial foods should not be given unless under dire necessity. The child should be kept warm in flannel.

Best Age for Operation.—This depends on the condition of the child and the character of the deformity ; should the deformity involve only the soft parts and the child be healthy, operate at once for the mother's sake and in order that the child may suckle. In simple cases the earlier the operation the better. The only danger in early operations is from hæmorrhage, young children do not stand the loss of blood well. On the other hand they soon make up lost blood. Should the child be weakly, or the fissure be double and extend through the hard parts, then the operation ought to be postponed some weeks or even months. From six weeks to three months is probably the proper time for operating. I prefer the age of six weeks, this is well before dentition has commenced. Some advise waiting in the difficult cases until the child is weaned, but this is keeping a deformity before the family too long, and furthermore it renders the success of the operation more difficult.

Operation.—The number of operations devised for the relief of this deformity are many and varied. The ingenuity of surgeons is taxed