Dr. Roddick read a short paper entitled "Notes on Hare Lip." He first spoke of the etiology of this deformity, believing that it was sometimes hereditary, and due also in many cases to maternal impressions. Instances were cited in proof of both theories. The important question regarding the age at which the operation should be performed was then discussed. It was thought that some time between the fourth week and third month should be chosen, the exact time depending on certain circumstances connected with each case. The reader of the paper always gives an anæsthetic, and prefers ether to chloroform. He uses a narrow tenotomy knife with which to make the parings, and always saves the latter until the operation is completed. As to sutures, he prefers the hare lip pin properly armed with leaden discs, the other sutures being of catgut. Reference was then made to the treatment of the jaw in cases of clef palate complicating hare lip. It was recommended to break down the projecting portion, and to wire the two parts of the jaw together. Where the intermaxillary body was prominent it should be broken back, wedged in, and wired between the lateral portions, the incisor teeth being thus retained. With regard to the after treatment, the child should be allowed to suckle only when the nipples of the mother are small, and readily grasped by the child. In the application of plaster and other dressings care should be taken not to have them too wide as they cross the lip lest they disturb the wound.

Dr. Fenwick asked Dr. Roddick, how to get over fact that you have rudimentary teeth in intermaxillary bone? Rarely met with a case without these rudimentary teeth.

Dr. Blackader reported a case in point through alveolar border—operated on by Dr. Roddick with excellent results. Suggested the feeding of these cases with cream and lime water.

Dr. Hingston agreed in general with paper, but there were some features to which he did not assent. First as to life, he thought the selection of the 2nd or 3rd month of infantile life somewhat arbitrary, and preferred to operate immediately after birth. His success was almost in direct ratio to the early period at which the operation was performed. If a few months elapsed before seeing the child he preferred waiting till after teething. He was not in favor of the hare lip pin, and had discarded it nearly twenty years ago. He had found that at the point of entrance and of exit marks were left, and if the pin were left four or five days, as recommended by the reader of the paper, the marks would necessarily be unseemly. He preferred wire sutures, but relieved tension on them by the plasters on the cheek of a deltoid form, broad behind and drawn towards each other by wire. Wire had an advantage over thread; as the plaster yielded, a twist or two made all tight again, whereas loosening a knot and retying disturbed the parts, and sometimes occasioned separation. He thought no general rule could be laid down as to treatment of the inter-maxillary bone. Generally it could be utilized, and in this he agreed with Dr. Roddick, rather than with Dr. Fenwick, and the danger of having the teeth which might be growing in it turning back, as alluded to by one speaker, who was chimerical, as the bone was merely brought back to its normal position. Where the hard palate was separated, treatment necessarily varied. Where the fissure was wide Langenbeck's uranoplastic operation had to be deferred; but where the fissure was narrow and of uniform width throughout, the operation could safely be performed immediately after birth, paring the edges of the fissure, pressing the maxillary bones together, and retaining than *in situ*. Of the latter operation, however, he had not sufficient experience to warrant him in giving it preference over the later uranoplastic.

Dr. Henry Howard spoke of a case operated upon at birth where there was double hare lip with cleft palate with good results.

Dr. Shepherd asked for statistics as to heredity.

Dr. Hingston denied heredity, but accepted nervous influence.

Dr. Roddick made a few remarks in reply to members who had spoken on the paper. As to the question of heredity, the last case on which he had operated bore out the law, the grandfather of the child having suffered from hare lip. Notwithstanding the strong ground taken by Dr. Hingston in favor of operation immediately after birth, he still thought that in the vast majority of cases it should be deferred for at least three or four weeks.

Dr. Trenholme related a case of utero-tubal gestation, where the use of the sharp curette was followed by the escape of a dead embryo *into*, and then from, the uterine cavity. This was the second case of irregular gestation he had met with this winter. It was of special interest as shewing what can be done in those cases where the fœtus is partly within the cavity of the uterus. The patient made a good recovery.