for practising dissection, will find of immense use to them in refreshing and keeping up their knowledge.

ART. XLIX.—*Operative Surgery, based on Normal and Pathological Anatomy*, by J. F. MALGAIGNE, *Professeur Agrege, Chirurgien de l'Hôpital de Lourcine, &c. &c. Translated from the French by Frederick Brittan. Philadelphia: Lea & Blanchard.* 8vo.

In a recent number of this journal we entered cursorily into the merits of a late work on *Operative Surgery*, by a London author, and it may be within the recollection of our readers, that we blamed him for not adopting some methods of practice inculcated by Continental Surgeons; and, in particular, we found fault with his apparent ignorance of the classical work of Mons. Malgaigne, whose title is given above.* In the limits assigned to literary notices in this Journal, it would be impossible to enter into an extended review of the contents of Mons. Malgaigne's Treatise, yet we cannot omit giving a few passages which will enable the reader to form his own judgment of its merits unbiassed by our verdict:—

4. OF HARE-LIP.

Anatomy.—Hare-lip is met with in three different conditions, which singularly modify the operative proceedings. They are distinguished into—

1st. *Simple Hare-Lip*,—consisting in a congenital fissure of the upper lip, about one-third of an inch from the mesial line, more frequently on the left side than on the right; the cicatrized edges of which present a small reddish portion that must be removed in the operation.

2nd. *Double Hare-Lip*, in which there are two fissures, separated by a middle flap, called the labial tubercle, whose form and size much vary.

3d. *Complicated Hare-Lip*, in which the two fissures occupy even the anterior portion of the roof of the palate, and unite behind into a cleft that generally divides all the roof and the velum of the palate; in this case usually the middle portion of the maxillary bones, or the osseous tubercle, much more developed than the rest of the bone, projects considerably downwards and forwards, and is rendered still more prominent by the presence of the incisor teeth, which are cut when the child is born. Sometimes there is also a deviation, which carries the alveolar edge and the teeth directly forwards. In consequence of this projection, the labial tubercle is pushed forwards, and even becomes attached to the point of the nose. Lewis has attempted to prove that in hare-lip there is no real loss of substance. This, in our opinion, is a play upon the words; there is evidently a want of development in the fissure, and you can never expect to have the lip as well formed after the operation as it would be after the reunion of a simple recent wound. Even after the slightest hare-lip, you must always expect that the free edge of the lip will present a little notch, however well the operation has been done; but it is especially the slight projection in the middle of the lip, that it is almost impossible to restore, when the fissure occupies the median line.

SIMPLE HARE-LIP.

1st. *Ordinary Proceeding.*—The patient should be seated opposite the light, with his head leaning on the breast of an assistant, who embraces the jaw, so as to compress the external maxillary (facial) arteries, pushes the cheeks towards the median line, and holds the lip, if necessary, whilst the operator refreshes its edges. The operator standing in front of the patient, first seizes the inferior angle of the portion on the left side, either with a hook, (roux,) dissecting forceps, or his fingers; and with the other hand passes a strong sharp pair of scissors two or three lines beyond the superior angle of the cleft, with which, in one cut, if possible, he removes all the reddish border on this side, encroaching a little even on the healthy tissues, so as to leave a clean, straight, raw edge. For the right side he extends the lip itself, grasping and stretching it, with the left finger and thumb placed outside the edge to be cut off. The scissors are used as before, only they ought not to extend so far as the first cut, so as to leave a neat, clean angle of division, according to the rules for V incisions. The double incision then represents a V reversed, whose edges should be

* Review of *Skey's Operative Surgery*, British American Journal, vol. vii. page 239.