

This is in accordance with an old principle in surgery—when a part is in an abnormal condition, put it to rest. We put these parts to rest; we keep them quiet. We introduce an appliance which will make the cutting out of the sutures absolutely impossible, which is a consideration of inestimable value. There is no way by which these sutures could get out. A general slough might take place and dragging down of the tissue, but almost always they remain until the tissues in the median line unite.

5. Congenital cleft palate. This picture was taken from the work of Dr. Kingsley, of New York, a very valuable work on the

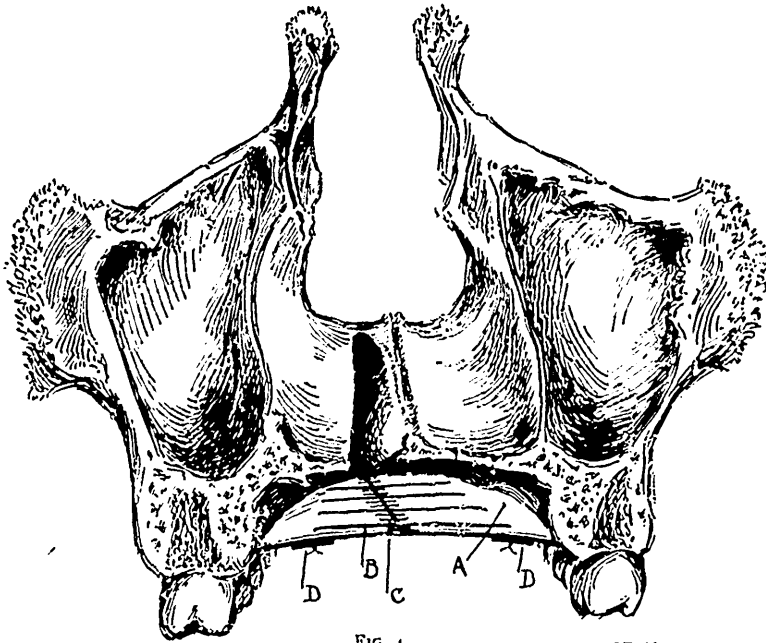


FIG. 4.

A. Muco-periosteum dissected away from the palatal surface of the superior maxilla. B. Silver tension sutures. C. Coaptation sutures. D, D. Lead plates.

subject of phonation. The photograph was made from his book, showing congenital cleft palate, and showing outlines of an obturator which he constructed. In such cases obturators are unnecessary. A surgical operation would always be much better.

6. Picture showing the adaptation of the lead plates and silver sutures from palatine surface. The sutures are carried through the lead plates and the wires twisted together ready to be bent up.

7. Here you will observe the coaptation sutures introduced. The coaptation sutures should be introduced before the lead plates