

## PERISCOPIC DEPARTMENT.

## Surgery.

## THE OPERATION FOR THE CURE OF DOUBLE HARE LIP, BY A NEW AND IMPROVED METHOD :

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The section on the Surgery, of the American Medical Association at its meetings in Cincinnati, in May last, having honored me by the request that I should prepare a full report on the progress in surgery, concerning the treatment of Hare-lip, to be presented at its next meeting, to be held in Washington, in May, 1868, it does not now become me to treat at length on this subject in our Journal. I will therefore confine myself solely to the description of the method, which I have, for the last five years, adopted in all cases of double hare-lip with fissure of the palate.

During a quarter of a century I have had frequent occasion to operate for hare-lip, in all its various forms, single, double and complicated; and I freely confess that for twenty years I was never satisfied with the results obtained, though mine were, on the average, not worse than those of other surgeons. I was frequently amused by looking at plates, where cases of hare-lip were pictured, before and after operation, showing beautiful and perfect results, whereas a comparison between the copy and the original would not have given a very flattering impression as to the ability or truthfulness of the artist.

The unsatisfactory results obtained in my own former practice, and present practice of other surgeons, did not, and do not depend so much on the want of individual skill, as upon the intrinsic difficulties inherent to the nature of the lesion itself, and the deficiencies of the means employed to correct the deformity. The main points to which the frequent failures in double hare-lip with fissure of palate must be attributed are: The rarity of union by first intention in the soft parts, or union of one portion with non-union or connection by ligamentous mass of the remainder; the infrequency of firm union of the intermaxillary bones with the lateral alveolar arches, and the resulting unevenness by lack of proper adaptation with regard to the convexity of the entire superior alveolar arch; the frequent mutilation of the nares, either by closing them up, or leaving them widely separated, the flat nose in the superlative.

Nearly all the difficulties with which the surgeon has to contend, can be overcome by following the method of operating which I have adopted. The operative procedure consists of two steps: First, to bring the