

simply to very young children. The mortality is reduced in proportion to the age of the infant, practically; and in operating in young infants the mortality is very much less than in operating on older children and in adults. Dr. Brophy's method in connection with operating on the soft palate, in avoiding the laceration of tissues, must be a great step in advance. Dr. Primrose then gave a clear demonstration on the blackboard of the anatomical conditions present in these deformities, confining his remarks especially to the intermaxillary bones.

Dr. McLaughlin followed Professor Primrose in the discussion. He congratulated the society at the opportunity of having this matter put before the profession of dentistry so prominently

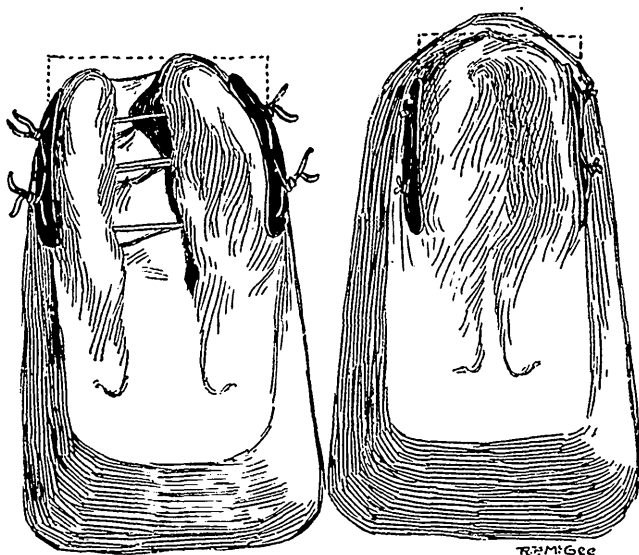


FIG. 21.

and so clearly. He thought that it was a subject with which the profession in Ontario was very little acquainted, particularly the operation in early infancy. He had thought up to the present that the field open to the surgeon was very limited; that the field was confined to congenital cleft palate in the adult, and that the operation might succeed from a surgical standpoint, but not from a practical standpoint. The great result aimed at was not gained, *i.e.*, correct articulation in the patient; but now that has been dispelled by Dr. Brophy.

Mr. I. H. Cameron thanked the society for the privilege of being present, and stated he was not unfamiliar with the work of Dr. Brophy. He thought that Dr. Brophy's friends were wrong