

normal position. Now, by means of a properly-constructed forceps the maxillary bones were forced together so as to close the cleft in the hard palate. Then a nasal forcep was passed into the nostrils, grasping the septum, and the nose drawn into perpendicular position, and, at the same time, the intermaxillary was forced into its normal place, closing up the V-shape section made by the revolving knife. The alveolar ridge of the intermaxillary now connects with the maxillary of the opposite side. They are now held together by the suture pin clamps which I have devised for the purpose, and made of the very best steel and gold plated. The cleft in the lip is now closed by first carefully applying the compression lip clamp on each side of the cleft lip to prevent hemorrhage. After the edges are pared, then carefully approximate both skin and mucous membrane by passing the first suture in the vestibule of the nostril and ending with the vermilion border, and then complete the operation by passing the suture pin clamps to take the stress off the sutures.

In all simple or double clefts, all bone tissue should be preserved to prevent deformity in adult life.

The advantages of this method are : 1st, The cleft in the hard palate is closed in all cases where there is the normal amount of bone developed. 2nd, The alveolar ridge with the tooth germs are saved and brought into place, securing, as near as possible, the normal outline of the mouth and subsequent development of the teeth. 3rd, The nose is brought into normal position and over-distended nostril restored. 4th, The external normal appearance of the face is reclaimed.

BI-MONTHLY RETROSPECT OF OBSTETRICS AND GYNÆCOLOGY.

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A New Method of Rendering Sponge Tents Aseptic.—Since the introduction of laminaria and tupelo tents and the method of rapid dilatation, sponge tents have been used much less fre-