

all—and to avoid producing any cicatricial tissue, we adopt a very simple plan. We take hold of the palate at a point indicated by the speaker and lift it up a little, and with a pair of scissors cut off, on both sides, the nasal muco-periosteum just at the distal border of the horizontal plate of the palate bone. That enables us to bring the part immediately over to the opposite side. Consequently, when you lift that part away and draw it over, thereby the palate lengthens so as to produce a better palate, and, at the same time, we avoid making these incisions through the tissues, an important step in producing a good palate. The cicatricial tissue leads to a dense, stiff, almost unyielding mass, which really makes a very defective palate indeed; and it is through that—through the fact that these tissues are so rigid and unyielding—that so much criticism has been made upon the surgery of the palate. The gentlemen who are devoting much time to the construction and consideration of artificial vela, hold that up as an objection to palatal surgery. Having the muco-periosteum denuded from the bone up to the incisive foramen—the membrane has been cut off on the superior surface of the palate, the nasal surface, and then the edges pared—we come to the soft palate, and here we avoid removing any tissue whatever. Instead of doing this, as was formerly done, we pass a knife along lengthwise of the edges of the palate, splitting it, thus securing a freshened surface. The tissue may be brought over as soon as the incision is made along the border of the cleft. We get union and avoid the loss of any tissue whatever in that part of the palate. In the soft palate we almost invariably get union. After we have brought these parts over together, if we have carefully approximated the edges of the periosteum, we may rely upon producing a good, hard palate. One of the functions of the periosteum, as you know, is to repair and replace bone. When we bring the mucous membrane of the periosteum over and unite it with the opposite side, we may rely upon getting a new, hard palate.

4. This picture shows surgery of the palate, with the adaptation of sutures, from the distal aspect. We have here lifted the muco-periosteum away from the bone on either side and brought it over so that it meets the opposite side. We have introduced straight silver sutures—No. 22 silver wire, according to the American gauge. Then we have lead plates of the same thickness—22 American—and the sutures twisted together with tension made upon them so as to hold the parts steady. In the picture you will observe coaptation sutures not having any strain upon them whatever. It is hardly possible to estimate the value of these silver sutures thus adjusted. The sutures are passed directly through the tissues. They are carried through and twisted upon the lead plates; and it is these which hold the parts in quiet contact until union is complete. The lead plates act as splints.