

suggested some held up their hands in wonder and disapproval. Does it not seem reasonable that we may bring these bones together in early infancy, when more than half the tissues are organic, when the bones are scarcely one-half calcified, saving these children embarrassment and helping them to speak? If not operated on in early infancy, when they go to school, when they have reached early youth, or manhood or womanhood, they find that they are practically isolated from the rest of humanity. It is possible to successfully operate in early infancy. One day Dr. Brophy brought before a class of students, his first patient, a little mite of ten days old. The patient was anesthetized, and the bones were forced together and united. This case was reported

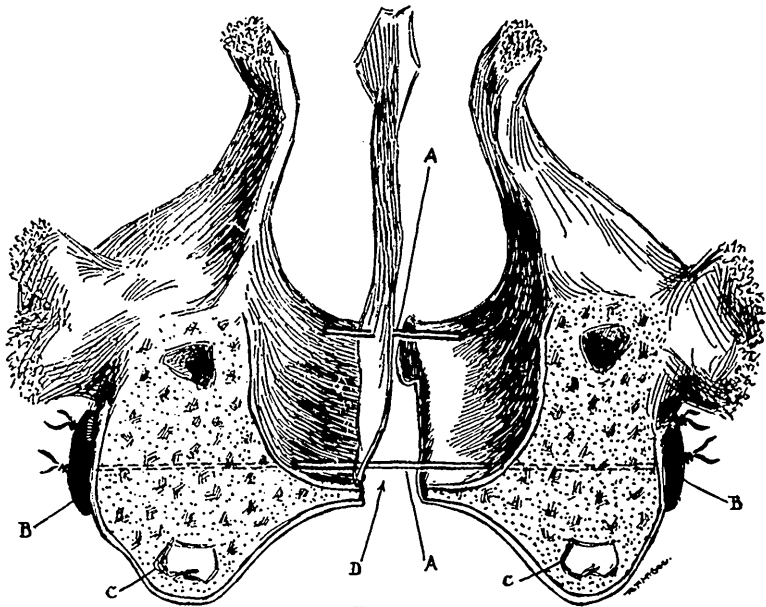


FIG. 12.

A, A. Silver tension sutures. B, B. Lead plates. C, C. Germs of the first temporary molar teeth. D. Cleft palate.

at the Dental Congress at Chicago in 1893, and there was great criticism at the meeting. Kingsley, in an article published later, declared that Dr. Brophy had operated without the child's consent, and that such operations were not warranted, and that the defect or abnormality would be greater than that which had previously existed. The abnormality would be worse. The picture shows a vertical section in the superior maxillary bones of the child. The antrum shows up as a black spot. It is very small indeed in a young child. Section shows nasal cavity and vomer. This is in