

ascending ramus of the jaw. Each incision divided the free border of the aperture, and the whole thickness of the cheek to the extent of three-fourths of an inch, or rather more, so as to allow for any little growing together of the cut surfaces at the posterior extremities of the incisions, the measurement between which extremities was about two and a quarter inches. On the right side, both above and below, I connected the mucous membrane of the mouth (along the incision) with the skin of the cheek, by means of two points of interrupted suture, taking care to place one point of suture close to the posterior extremity of the incision. On the left side I did the same, except that I applied the sutures only in that part of the cheek below the incision, the structures above being so unyielding that I could not bring the mucous membrane and skin into contact. Three or four days after the operation, the points of suture being removed, union was found to have taken place between the skin and mucous membrane in the whole length of the incision on the right side, and that had resulted both above and below the incision. On the left side, the union between the skin and mucous membrane, was but partial, and consequently some contraction on this side the mouth subsequently recurred, but none on the right side; the aperture remaining large enough to admit a large dessert spoon, and to allow her to talk without difficulty.

On November 28th, following, I repeated the operation on the left, the contracted side, and after making the incision, as the skin was very unyielding, I excised, from between it and the mucous membrane, some of the muscular and other tissue, in order that the skin and mucous membrane might easily be brought and retained in contact. Four days after the operation, union was found to have taken place between the skin and lining membrane of the mouth in the part below the incision, but not in the part above it. This, however, was sufficient to prevent the cut surface from again growing together, and she left the hospital on January 11th, 1847, with the oral aperture of normal size, shewing fully all her canine teeth. She was to some extent of unsound mind, and has been almost ever since a patient in the Lunatic Asylum, where I have frequently seen her, so as to be certain of the permanency of the cure.

Dieffenbach's operation for atresia oris differs from that which I have related. It is far more severe (if rightly represented), and I do not think much more likely to be successful. It is, I believe, as follows:—On one or both sides of the contracted aperture, according as only one or both sides may be contracted, a flap, from two to three lines broad, is cut out through all the soft parts except the mucous membrane. This flap is carefully dissected up from off the membrane, and the two horizontal incisions, including the flap, are united at their posterior extremities by a short semilunar incision. The lower jaw is then strongly drawn down so as to stretch the