

was then turned to the closure of the extensive fissure, involving both the soft and hard palate. The margins of the cleft were pared throughout their whole extent, after making traction on the divided uvula, and the soft palate was first united by means of horse-hair sutures passed on suitably curved needles. For the closure of the hard palate Langenbeck's method was adopted. Lateral incisions were made on each side parallel to the cleft extending down to the bone, then a periosteum elevator was introduced and muco-periosteal flaps raised clear through to the cleft, and interrupted silk sutures were inserted to retain the flaps in apposition.

The result as regards the union of the palate was fairly good. Two sutures cut out about the centre of the hard palate, but firm union was obtained anteriorly and posteriorly, leaving only a small oval opening half an inch in length by one quarter inch in width. A fortnight later the second operation was performed. The central labial portion was pared laterally making it V shaped, and the lateral margins freely separated from the bone, and freshened according to Rose's method. The edges were then adjusted by sutures, using silver wire, silk-worm gut and horse hair. Primary union was obtained, and three weeks later the patient left the hospital in a very presentable condition. It was intended to have a photograph of the patient taken in his improved condition, but a fellow patient frightened the lad by telling him that some further operation was to be performed, and consequently he took a hurried departure. A short time ago he was induced to come to the city and his photograph was obtained.

He went about the city, and mingled in the crowds attending the local Fair, without attracting any special attention. He is very much pleased with the result and is bright and cheerful, conversing with considerable animation, his articulation being much more distinct. Slight evidences of a coming moustache give promise of a still further improved appearance in the near future.

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