

21. Shows casts of mouth of same child. In this case used four silver sutures instead of two.

22. Patient pictured here represented enormous cleft of palate ; vomer separated from both sides ; projecting intermaxillary bones far beyond the end of the nose. The first step was to close the hard palate ; next step was to operate on the projecting intermaxillary bones and bring them into place. It would have been a mistake to cut them away because we wanted those to fill up the space in front. The intermaxillary bones were carried back



FIG. 19.

23. Showing the prominent intermaxillary bones and V-shaped piece of bone taken out and then sutures of wire put in and the intermaxillary bones forced back and united. We want the teeth that are in the intermaxillary bones.

24. Shows cast of the mouth of a child about thirteen years of age. Dr. Brophy operated on this child when she was about ten days old. There was irregularity of the teeth throughout, which was due to the tension of the upper lip ; the child really had no upper lip. The tension was great and literally forced the teeth into the position they occupy. The molars of this child have just developed. The child has now a good palate and articulation is perfect, and she is quite an accomplished vocalist for one so young.