

out the cheek, and in a considerable degree filled the roof of the mouth, was an impediment to speech, and to the free movement of the jaw: the disease being diagnosed to be confined to the floor of the antrum and alveoli, the orbital plate and nasal process were preserved.

Operation. An incision was made, extending from below the outer canthus of the eye, in a semilunar form, and terminating at the commissure of the mouth, which when dissected upwards, and the ala nasi detached, formed a flap and exposed the diseased portion in front. An incision was then made longitudinally along the soft palate, and a second crossing this at the posterior part, which separated the velum and uvula from the maxilla; the diseased portion of bone was then separated by piers cutting along the palate plate, and across the nasal process, and front of the maxilla, leaving the upper portion of the bone untouched, the lower portion was then depressed with the finger, and easily detached. A pair of Stubb's cutting piers were used to cut the body of the bone, and gave great satisfaction. The whole operation occupied only twelve minutes. The disease was found to be wholly confined to the portion which had been removed.

The wound united by first intention, the sutures were removed on the 4th day, and he went home on the 13th day, the deficiency in the palate being in a great measure filled up, and his voice being pretty natural.

Single Hare Lip—Malgaigne's Operation.

Peter Nesbit, a seaman, was admitted into the Montreal General Hospital, under the care of Dr. Wright, for a sloughing ulcer of the right leg, which speedily healed under appropriate treatment. He had a single hare lip—the fissure accurately in the mesian line—neither complicated with solution in the continuity of the palate or superior maxilla, nor with projection or irregularity of the teeth. Although he was 43 years old, it had never been operated upon.

22nd August, 1853. The deformity was removed as follows by Dr. Wright:—The side of the fissure having been put upon the stretch, the nasal angle was divided, and a scalpel having been introduced there, it was made to cut in a direct line with the free border until the junction of the skin with the mucous membrane was approached. A similar flap was then formed on the other side. The lip was brought together, the raw margins neatly fitted and retained in situ by a needle passed deeply across the upper part of the wound, around which part of a thread was twisted. The flaps were next abbreviated to the required extent. A second needle introduced just above the muco-cutaneous junction and secured like the first: the flaps were then apposed, and having matched, were retained by a stitch. The needles having been cut, two light compresses were put over the labial commissures, and kept there by a strip of plaister, and a narrow bandage passed round the head and over the vertex. Scarcely any blood was lost. Before making the incisions, the coronary circulation was commanded by Mr. Rintoul.

25th. The needles and stitch were removed; the thread and part of plaister on wound left undisturbed. Additional support given by plaister shaped and applied purposely for hare lip and by former bandage.

29th. Plaisters, &c., dropped off, exposing perfect union. A narrow white cicatrix runs straight down the centre of the lip, and, with a slight