

The operation for the relief of this revolting disfigurement was performed as follows: The central tongue of the lip was dissected from the intermaxillary bone, leaving it connected with the skin of the nose; then the intermaxillary projection was excised with the bone forceps, on a level with the septum nasi. The halves of the lip were freely separated by the knife from the jaw, as far back as the last molar teeth. Their edges were then removed by curvilinear incisions—()—the edges of the central portion were pared, while its lower extremity was bevelled off, so that it might fit in well between the two lateral halves when approximated. Three pins were inserted, one just above the vermilion border of the lip, the second through the middle part of the lip, and the third just below the nose, transfixing the two lateral halves and the central tongue. The parts were accurately adjusted by the twisted suture; no plasters were used.

On the fifth day, the pins were removed; the threads, matted and adherent to the parts beneath, were left several days longer. When they were washed off, it was seen that perfect adhesion had taken place.

The improvement achieved was so great, that a person who had seen the child before the operation could scarcely recognize her as the same.—*Ibid.*

DIET, IN DIARRHŒA, OF YOUNG CHILDREN.

Dr. Eustace Smith, in a paper upon the Treatment of Chronic Diarrhœa of Young Children, gives the following advice concerning diet, which we consider all-important in its management.

In all cases, if the patient be a sucking child, he should be limited strictly to the breast, or if he have been only lately weaned, the breast should be returned to. If from any reason a return to the breast is impossible, our great trust should be placed in cow's milk, more or less copiously diluted with lime-water. With children under a year old, milk is very seldom found to disagree. If the child be no more than six months