the sac and the cord may be closed by a suitable ligature applied not over skin, but immediately to pedicle of cyst, where it escapes from spinal column.

3. The character of the communication between the sac and cord cannot be judged by the size of tumor, nor from the breadth of its base. It is quite natural to understand that the delicate sac of a spinal hernia, when it impinges against the skin, receives sufficient resistance to cause it to extend laterally between skin and superficial fascia. Thus a large sessile spina bifida may have so small and imperfect a communication that the tumor may be drained without materially disturbing the tension of the cord. This accounts for occasional cures by tapping, irritating injections and other equally unscientific modes of treatment.

4. That the amount of bone deficiency and implication of nervous tissue can be determined, not by the size of the tumor, but by the general condition of the patient and the extent of paralysis below. The parts of the cord in the sac are functionally destroyed, and removal will not increase the paresis.

5. Spina bifida is frequently accompanied by other congenital deformities, such as talipes, sphincter paresis, hydrocephalus and paraplegia. The last-named is always, and hydrocephalus generally, incompatible with viability. Hence, from the first quite a number of the cases are beyond the possibility of a cure.

6. That no operation will successfully stand repeated trials by different operators, unless in its performance a provision is made to prevent disturbance of the tension of cord.

7. The higher the tumor is placed on spine the more delicate are the walls of its sac, the greater the irritation to it by the movements of the child, and the more difficult it is, other things being equal, to treat.

Tumors of the Bladder. By Dr. F. GRASETT. This paper will appear in the REVIEW.

An Operation for Hare Lip, by A. GROVES, M.D., of Fergus, followed. (See page 6.)

Some Remarks on the Operation for Cleft Palate.—Dr. MCDONAGH read a paper on this subject, in which he described most of the important details of the operation, particularly in reference to those cases in which more or less of the hard palate was involved. He laid stress especially on the importance of paring the edges freely, making long lateral incisions and loosening the flaps so that the edges might be brought together without the least tension. Unless this was well done the result was not likely to be a success. He