

simply the *internal periosteum*, enjoys, like the latter, the power of absorbing and depositing bone.

## SURGERY.

### ON THE OPERATION OF HARE-LIP, BY MONS. PAUL DUBOIS.

(Continued from p. 267.)

It has been asserted that this operation, when practised on very young children, leaves after it as evident marks as when had recourse to at a more advanced age. I do not wish to exaggerate the importance of the facts I have brought forward, and of which you have all been witnesses, but this assertion appears to me opposed to truth, and had the Academy been able to watch the modifications undergone by the cicatrix in the two youngest of the three patients I brought before it, and to observe the very rapid obliteration of the traces left by the operation, I am confident it would be of my opinion in regard to this matter. Lastly, I will examine the opinion advanced by Dupuytren in his lectures, that by operating for hare-lip, the mortality, naturally so great in the early period of life, is increased. I do not wish to misrepresent the importance and gravity of the operation in question, but I would only remark to the Academy that in none of the cases I have brought before it was the health sensibly interfered with; a trifling increase of temperature and a slight acceleration of the pulse was all that could be observed. Many operations analogous to mine have been performed, especially by M. Bonfils (de Nancy), and in them the harmlessness of the operation was as evident as in my own; I admit that the objection of Dupuytren should not be overlooked, and on this subject I will remark that there is one thing which should not be forgotten, viz., that probably the mortality of infants affected with hare-lip is greater than that of others not so affected; in fact we know that this deformity is often accompanied by other evident defects, and it is not impossible that it is often combined with defects with which we are not acquainted, although sufficient to compromise eventually the infant's life. Certainly the injurious consequences of these last would not be increased by the operation, and in divining their existence it should be done with considerable reserve. Still, taking Dupuytren's objection in its proper sense, we may, I think, make this legitimate concession to it, that where a child is very delicate, or born before the full term, we should delay operating for a few days, and always refuse to operate at periods when erysipelas, &c., follows operations on adults.

If to the considerations which I have dwelt upon already, I add that the operation for hare-lip is exceedingly easy of performance, that the after treatment is also very simple, that union of the edges of the wound is ordinarily rapid and sure, that to all appearance the traces left by the operation are inversely as the interval elapsed since the birth of the child; that distraction is rendered more easy, and that separation of the bones, if any have existed, is more rapidly effaced, I believe that I have assigned quite enough of motives to justify operating for hare-lip in infants a few days after birth. And yet I cannot help adding another consideration, which does not seem to have made sufficient impression on professional men who have occupied themselves with this important subject. Gentlemen, to a family from its intelligence or fortune occupying a certain rank in society, the birth of a child with so evident and disgusting a deformity as hare-lip is viewed as a severe misfortune. It is a never-failing source of annoyance and grief to the mother, increased every moment by the sight of the evil, and by the painful contrast of, perhaps, another child free from such an affliction. If the speedy performance of an operation can change this painful state of mind and of the affections into one more happy, I believe that it is a real benefit superadded to the personal advantage accruing to the child.

It will, doubtless, excite surprise that in so short a period of time I should have had occasion to operate on three infants for hare-lip. It is indeed a singular coincidence, of which I can mention one more recent and still more remarkable. From the 11th to the 19th of this month (May,) we have observed at the Hospital of the Clinique, where the number of accouchements is from 90 to 100 per month, one case of hare-lip, three of club-foot, one of complete absence of the hand, and one of supernumerary fingers.

M. Husson.—Did not M. Dubois say that he would explain the greater frequency of hare-lip affecting the left side?

M. Dubois.—No. I have not pretended to explain this phenomenon. I only mentioned to the Academy the fact suggested by my cases, and which doubtless has before now attracted the attention of my colleague, M. Roux, and of other surgeons.

M. Roux.—I have had occasion to see a very large number of cases of hare-lip, and I have met them at least ten times out of twelve at the left side. This is not peculiar to hare-lip, however, all deformities are more frequent at the left than at the right side, which perhaps may result from the relative feebleness of that side.

The question raised by M. Dubois applies not merely to simple hare-lip, but also to double hare-lip. I was formerly opposed to operating immediately after birth, but my opinion within the last fifteen or twenty years has very much changed. Being often compelled by circumstances to operate early, which I did with very great apprehension, I at length saw that the results in such cases were fully as favourable as at a more advanced age. Mr. Roux then gave the particulars of ten cases operated on by him during the previous year, in order to shew that accidents are as frequent after the operation performed late as when had recourse to early. He was in favour of operating immediately where there was double hare-lip, rendering suction difficult or impossible; but, fully admitting the moral influence on the mother of the sight of the deformity, he did not think there was any good ground for haste when the hare-lip was simple.

M. Dubois was glad of an opportunity of supplying an omission which he had made from his apprehensions of being tedious. He had entirely abandoned the operations for double hare-lip in very young children. In infants such as he spoke of, facility of execution and despatch appeared to be the essentials to success, hence he had even abandoned the method of Malgaigne, which, in other circumstances, must be an improvement. But, continued M. Dubois, I wish to make another remark; I know of no sure and efficacious means of stopping hæmorrhage but by bringing the whole of the edges of the wound into complete contact, and by making no wound but the paring of the edges of the lip. I never detach the lip from the gum in order to bring the edges into contact. In every case that I have met with the natural extensibility of the parts allowed coaptation to be effected without it. The bleeding surface resulting from the separation of the lip from the gum being but imperfectly applied against the gum, may, from the extreme vascularity of the gums, become a source of real danger, and in very young children will only make itself known when beyond remedy.—*Dublin Journal of Medical Science.*

### ON ABSCESS OF THE TIBIA.

By Sir B. C. BRODIE, Bart.

I shall not make any introductory observations to the course of lectures which I am about to deliver, further than these—That on this, as on former occasions, I do not pretend to give any systematic course, but to select various subjects in which, I suppose, you will feel interested, and such especially as you will find to be of importance in surgical practice. If I do not enter into the consideration of abstract questions in physiology and pathology, it is not because I regard these subjects as unimportant, but because I think it still more important that in the few lectures which I shall deliver I should contribute as much as I can towards making you useful to the public and to yourselves as good practical surgeons.

The subject that I shall take for the present lecture, is one of considerable interest, namely, the formation of abscess in the interior of the tibia.

I need not tell you that bones are organized like soft parts; that they have the same apparatus of arteries, veins, nerves, and cellular tissue, and that they have superadded to these the unorganized phosphate of lime. Having the same tissues as the soft parts, they are liable to very much the same diseases, but then the characters of these diseases, their symptoms, progress, and treatment, are much modified by the presence of the unyielding earthy material which I have mentioned. Inflammation may take place in bones, as it does elsewhere; it may go on to suppuration, and abscess may form in their interior, as it does in the interior of other organs.