

In this as in the former part of the operation the stitches on one side were introduced by means of a short curved needle fixed in a holder. On the opposite side the difficulty was to get the sutures through from above downwards. This was accomplished by threading a needle of the same kind with the loop end of a doubled thread, passing the needle through the membrane, removing the needle, inserting the upper end of the first suture through the loop and drawing this back through the membrane. All the sutures were introduced before any were tied. A running knot was first tied which was slipped up to the required tightness and on this a common knot was then made.

*Wednesday, 24th April.*—Some of the sutures were removed to-day. The two sides have firmly united with the exception of a small space adjoining the soft palate. The cotton still adheres in the wounds. *Friday*—More stitches and the cotton removed. The wounds to be syringed with a weak solution of permanganate of potash. The straps are quite adherent to the bony roof of the mouth. *Monday*—One stitch only remaining. The opening between the soft and hard palate is just large enough to allow a small pea to pass through.

The patient has not spoken since the operation and he has been fed wholly on fluids.

He was now again discharged, Dr. Howard intending at some future period to close up the remaining hole in the palate.

*February, 24th, 1868*—Rowan to-day presented himself at the Hospital for inspection. The aperture left between the portions closed at the two operations is completely filled up, a firm whitish cicatrix, somewhat in the form of a cross, marking the place where it had been. Two raphelike cicatrices remain in the sites of the lateral incisions, but so nicely have the edges of the cleft coalesced that the line of union can scarcely be pointed out. In articulating, his words have still a very marked nasal sound, to remove which, months, or years even, of vocal gymnastics may be required.

Montreal General Hospital, February 29th, 1868.

*De la Syphilis Vaccinale*, par E. LEMIRE, M.D., gradué de l'Université du Collège Victoria.

*MM. les Rédacteurs* :—A défaut d'organe médical français et quoique j'aurais pu faire les observations qui suivent dans la langue anglaise, je m'adresse en français pour deux raisons. La première c'est pour répondre au généreux appel que vous avez déjà fait dans votre journal à tout le corps médical, d'accepter la collaboration de chacun dans sa propre langue