

citizens; and, while the Dean of this institution, took occasion to remark that you are not in favor of annexation to the United States, I desire to state that we have annexed, to a very great extent, citizens of your country, and in the institution with which I am connected at least six native-born Canadians hold high positions as teachers.

The subject of mal-formations of the palate, or defects of the palate—congenital clefts, accompanied with hare-lip—has called forth the very best efforts for their correction on the part of surgeons, extending over a period of many years. It remained, however, for the French dentist, La Monier, in 1764, to first suggest the propriety and probability of approximating the divided edges and uniting them. So far as surgical history informs us, it remained for Roux, in 1819, to make the first operation, immediately followed by Warren, of Boston, and Ferguson, of England, and, later, by many surgeons throughout the world. The complaint that was made by the early surgeons, and is still made by the surgeons of the present time, is the difficulty in approximating the edges of the palate; and, when this was once done, frequently trouble arose in the cutting out of the sutures, and, consequently, failure of the operation. Professor Agnew saw fit to divide the tensor palati muscles with a view to taking off tension; but in doing this he destroyed the functions of the palate to a very great degree. By this division, the muscle which arises at the scaphoid fossa of the sphenoid bone, and the cartilaginous portion of the Eustachian tube, passing downward and around the hamular process of the sphenoid bone, to be inserted into the soft palate—the division of this muscle near the hamular process is followed by a retraction of its segments to such an extent that the edges do not re-unite; besides, in the division of the muscle at this point we get a mass of cicatricial tissue, produced within the palate, which interferes with its function. It prevents the palate from retracting and contracting, and moving in a natural manner. Besides, the division of that muscle means something more, not only the absolute interference with the function of the palate, but it means that the other function, which is to dilate the pharyngeal orifice of the Eustachian tube, is interfered with somewhat. The experience of all men familiar with palatal surgery is that defective hearing not infrequently follows the division of the muscles named. This defective hearing is due to the fact that the muscle is inactive instead of dilating the orifice of the tube, as it would, had it not been divided. The orifice closes or fails to open, and defective hearing is the result.

Dr. Brophy then proceeded to show, by means of slides projected upon a screen, how to avoid these lateral incisions—how to produce a better palate by employing another method, which is