after the palate operation; or until food can be taken by the mouth. During the whole of this period the patient is sustained by nutrient enemata. Still, from the third day onwards, at the time of dressing this throat, a glass of warm peptonized milk is given, to be followed by another of sterilized water to cleanse the parts.

In operating, chloroform is the anesthetic preferred, to be administered through gauze over the tracheotomy tube, after the throat pad has been placed in position. The Smith's gag is used, as it contains a tongue depressor and is self-retaining. A large thick wad of sterilized gauze, with a string attached, is then placed below the base of the tongue, covering the entrance of larynx and esophagus. This prevents blood, solutions, etc., from getting into these passages. Several similar pieces of gauze should be held in readiness in case of emergency. The next step is to thoroughly cleanse the face, nasal passages and mouth, with warm boric acid or common salt solution.

The operation itself does not differ materially from the one ordinarily followed. After the operation is over the mouth is washed again with saline solution, and the throat pad replaced by a new one. A strip of sterilized gauze is placed between the palate and the post-pharyngeal wall, the lateral incisions are also packed with the same material; and finally, the whole operative field, including the mouth to the teeth, is carefully filled with the gauze, pressing rather firmly against the under surface of the new palate, and the jaws closed with bandages.

By this means the patient breathes through the tracheotomy tube, and being fed by enemata, the wounds are kept as still as in any other region of the body.

The packing should be removed for the first time at the end of twenty-four hours; the parts washed with a hot saline solution or sterilized water, and then repacked as before. After this the dressing should be repeated daily while required.

The routine followed after operations has been to place the patient in bed in a room with a constant temperature of at least 80 Fah. for three or four days at least. A steam kettle is kept constantly going, and over the end of the tracheotomy tube is placed a piece of gauze, moistened with a saline solution, which is changed every two hours.

Of twenty-four cases operated upon in this manner sixteen were closed by primary union in both hard and soft palate. The remaining eight were more or less failures. Still, the results were far more satisfactory than in cases where mouth breathing and oral alimentation had been allowed, as in these, efficient support and packing of the palate had to be dispensed with.