

Passing these sutures through the edges of the cleft formed the most difficult part of the operation. On one side they were introduced by means of short curved needles fixed in a *porte-aiguille*; after being loosened from this instrument the needles were drawn through by means of a pair of long forceps. On the other side of the cleft some of the sutures were introduced by means of fish-hook needles whose eyes were near the blunt end, and others by means of a needle curved like a fish hook near its point, close to which also was its eye, and furnished with a long handle, (originally used for closing a vesico-vaginal fistula.)

By Monday the parts were somewhat inflamed and the sutures covered with lymphic pus. On Wednesday one suture was removed to relieve the tension of the parts, on Thursday two more were removed, on Friday a week from the date of the operation another, and on Saturday the last suture was taken out, leaving more than two-thirds of the part which had been pared, or about one half of the cleft, firmly united. The inflammatory blush had now almost entirely gone and the parts resumed a very natural colour and appearance. The uvula and portion of soft palate portion closed brought together by four stitches united, that by the remaining two, next the hard palate, did not unite either from its extreme tension or from not being brought quite into contact.

For nine days after the operation the patient was not allowed to speak and his diet consisted entirely of fluids. The fissure in the soft palate, was thus closed leaving an oval opening through the hard still to be filled up. On the 4th of April the patient was sent home to the country to allow the tissue to become thoroughly organized and strengthened before any attempt would be made to close the remainder of the fissure.

In a fortnight after his discharge he returned to the Hospital, the object for which he was sent home being now well accomplished. In articulation there was little or no improvement, and the voice had still a sniffling nasal character. April 20th; To-day, Dr. Howard completed the operation in the following manner. The edges of the opening through the the hard palate were pared, an incision was made on each side of the roof of mouth parallel with the edge of the fissure, and close to the alveolar ridge and the strap of tissue consisting of the mucous membrane, submucous tissue, and periosteum raised completely from the bone by means of a strong laterally curved dull knife. The edges of this strap of tissue which had been previously made raw were now brought together with silk sutures, and cotton wool was inserted into the lateral incisions. Considerable tension was required to bring the edges of the straps of tissue together at the point of union between the soft and hard palate and it was feared that here there would be sloughing.