

## EARLY OPERATIONS FOR HARE-LIP.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING advanced the opinion, in some of the former numbers of the Journal, that an early operation for hare-lip was more successful than when deferred, I wish to add some additional testimony and remarks in favor of that opinion.

On the 2d of February, 1851, I was called to operate on a child in Marblehead, born with a hare-lip. The late Dr. Briggs, who knew my preference in favor of an early operation, sent for me immediately on the birth of the child. I performed the operation when the child was but twelve hours old. I operated in the usual manner, with scissors and sutures. My method is to use three simple sutures — one far up in the nostril—one at the epithelium of the lip, where the cutis terminates, and one midway between these. The wound healed at every point by the first intention, and the child was put to the breast on the sixth day, which was as soon as lactation was established.

On the 22d of May, 1852, a healthy male child, with a hare-lip, was born in my practice. It had a cleft palate and superior maxillary bone, and the left alæ nasi more than usually dilated, flattening the nose and giving a hideous expression to the countenance. I operated when the child was six hours old. I dissected up the skin very freely, separating the cartilage from the bone, and then brought the parts together with sutures, taking especial care that the upper one should be sufficiently high up in the nostril. Union by first intention followed, and the child nursed readily in six days.

For some years I have been more and more satisfied that operations in surgery are most successful as they approach nearest to the period of birth. In the earliest infancy the recuperative powers seem to be strongest. I have also remarked that the sensibility to pain is less distinctly marked at first, than after a few days. In the last-mentioned case of hare-lip operation, the child actually slept while the lip was being dissected from the maxillary bone.

It was formerly generally believed that the earliest infancy was the period when the system was most liable to convulsions. I have been led to doubt this maxim, and to believe that the nervous system is more easily excited, the more its function is called into exercise, and this is certainly not the case immediately after birth. A newly-born child also sleeps more, and when awake is less observant and prone to motions of the extremities, than after a few days of extra-uterine life. The anxiety and unhappiness of the parents, also, are of so much shorter duration as we operate earlier on the patient.

A. L. PEIRSON.

*Salem, Sept. 7, 1852.*

## CONGRESS BOOTS—TIGHT LACING, WEAK ANKLES, &amp;c.

*To the Editor of the Boston Medical and Surgical Journal.*

MY DEAR FRIEND,—I have just had my attention called to an article in your Medical Journal of the 11th August last, condemning the wearing