Table 2 INCIDENCE OF FISSURE PATIENT IN OUR SERIES

Year	Hospital	Ratio	Incidence
1965-67	The Third Army General H.	1:2700	1:2700
〃	Taichung Airforce H.	1:1080	1:1080
〃	Provincial Taipei H.	2:1757	1:878
〃	Provincial Taichung H.	1:1050	1:1050
〃	Provincial Chiayi H.	3:3520	1:1173
〃	The Second Army General H.	5:2511	1:502
Average		13:12618	1:978

In all of our 61 cases, there are 35 males (57.3%) and 26 females (42.7%), while in 26 cases in which cleft lip occ-urred only, 15 males (57.7%) and 11 females (42.3%) are noticed. Tyeh are 57.1% (20cases) and 42.9% (15cases) of male and female respe-ctively in the cases of cleft lip plus cleft palate and cleft palate alone in which only one case is discovered. The comparison of incidence about sex of our series with that of Fogh-Anderson and Rosenthal is shown as Table 3.

Table 3 SEX AND HEREDITARY INCIDENCE

Sex (%)	Male			Female		
Type	our series	F.-A.	Rosenthal O.S.	F.-A.	R.	
Cleft lip	57.7(15)	65.2		42.3(11)	34.8	
C.1.and/or C.P.	57.1(20)	71.4		42.9(15)	28.6	
Total	57.3(35)		58.05	42.7(26)		41.95
Hereditary condition	14.8(9)			16.4(10)		

Although it was noticed apparently in the Fogh-Anderson's study that the age of the parents and the order of birth in the "mother" series of pregnancies seem to be without any influence what-ever. In our 67 cases included 61 patients and 6 siblings, it seems that the incidence of the first and the second children, 27% (18cases) and 24% (16cases) respectively, are much more increase than that of the others. This means that the younger the parent the higher the inciderence of these anomalies. This finding is evidenced in Table 4.

Table 4 ORDER OF BIRTH (RELATION TO HEREDITY)

Order of birth	Ist	2nd	3rd	4th	5th	6th	Total
clinical cases	18	16	10	6	10	3	67
Hereditary condition	5	6	2	4	2		19

Stark and his co-worker (1954,1958) have proposed a new classification of clefts of the lip and palate based on our more recent knowledge of the embryology of the region involved. Some of the older classification take the alveolar ridge asthe critical structure for type dteermination. Kernahan and Stark (1958) use the incisive foramen as the criterion, on the basis that hard and soft tissue structures anterior to this point --designated primary palate-- are formed by the seventh week of embryonic life, while the tissues posterior to the incisive foramen-- secondary palate--fuse later, between the eighth and twelfth weeks of intrauterine life. Accor-ding to this of classification, all clefts involving the lip and alveolar process wold belong to"primary" palate anomalies, while the cleft of the hard and soft palate without involvement of: he