

join the committee for the foundation of a "society for inquiry as to the well-being of children." The object of the new society is to find out, and place on a scientific basis, the leading points in the nursing, education, and nutrition of children, besides the development of their physical and psychological abilities. Similar societies are already at work in Germany, America, and Hungary, and elsewhere. The social importance of their work is easily recognized by the fact that in several countries steps have been taken lately to search for the reasons of the degeneration and physical deterioration so often met with in all civilized races, and that "paedology," as the new discipline is termed, has been of the foremost aids in this endeavour.

At a recent meeting of the Society of Military Surgeons, Dr. Brosch, of the Army Medical Corps, demonstrated specimens of tumours which had been found at the necropsy of an officer who died suddenly. The cause of death was the bursting of an aneurysm of the innominate artery, which was of the size of a hen's egg. The upper half of the epiglottis was destroyed, the remaining margin being thick, uneven, and showing several striae, lesions left by syphilis, which, no doubt, was also the reason of the aneurysm, by causing endarteritis. When the abdomen was opened a tumour of the pancreas was found, with secondary deposits in the liver and mesenteric glands. It proved to be a carcinoma; it had compressed the pancreatic duct, and the pancreatic juice entered the intestinal canal through a fistula. Thus the usual symptoms of cancer of the pancreas had been wanting. On inspection of the kidneys a tumour was seen on the upper end of the right kidney, surrounded on all sides by kidney substance. It was yellow-white in colour, and it was of the size and shape of a hen's egg. Sections made through this tumour proved it to be an intravascular endothelioma consisting of cavernous blood cysts lined by a thin layer of endothelial cells. Neoplasms of this kind are among the most malign of tumours, and the coexistence of two kinds of new tissue is a rarity not only in human beings, but also in animals.

CORRESPONDENCE.

CONVALESCENT HOMES ASSOCIATION.

SIR,—We should be glad to be allowed to recall the circumstances under which the Convalescent Homes Association was founded. We owe much to Lord Lytton and his Committee of the Home of Recovery for calling attention to the great need for more beds for surgical convalescents after operation wounds, and to the inadequacy of the present convalescent system to supply the increasing needs of hospitals. Lord Lytton's remedy was to collect a large sum of money to build and endow a small convalescent hospital of 21 beds. It has been considered that the same objects could be better and more economically attained if the existing convalescent homes could be persuaded to devote some beds to this special purpose. This will no doubt entail additional expenditure on the part of the convalescent homes, but we are assured that many hospitals would be willing to secure these increased benefits by paying a higher rate for their convalescent surgical patients. In the case of homes that are willing to provide such special beds but unable to do so for want of funds, an appeal may well be made to the charitable public for further support.

A constitution and rules have been formulated, and an Executive Committee is engaged in carrying out the objects of the Association. The Council has found that there is some hesitation on the part of both convalescent homes and hospitals to become members. It is thought that this may be due in a measure to misapprehension as to the ultimate objects in view—groundless suspicion on the part of some homes that their independence of management will be interfered with, and doubts on the part of hospitals as to the benefits they will obtain.

The initial efforts of the Association have already been attended with success, the offer of beds for surgical cases having been obtained from some of the more important homes, and it is believed that, with time, a very much larger number of special beds will become available. We contend that in this direction alone the Convalescent Homes Association will confer a benefit upon every London hospital and relieve the congestion that prevails,

and, moreover, the influence of the Association will be exerted in many ways to discourage the use of convalescent institutions as holiday homes, and to promote economy and concerted action.

The work of the Association cannot be carried on without a small expenditure, and if a larger number of homes and hospitals would join and pay the small subscription proposed, we feel sure that the benefits their patients would derive would amply repay them.

Up to the present, a considerable number of convalescent homes have joined, and amongst the hospitals are St. Bartholomew's, St. Thomas's, and King's College.

We shall be glad to receive applications from any convalescent home or any hospital which is willing to join us in securing the above-mentioned advantages for patients in need of them. Communications should be addressed to the Secretary of the Convalescent Homes Association at 32, Sackville Street, W.—We are, etc.,

W. S. CHURCH,
Chairman.
M. O. FITZGERALD,
S. H. HABERSHON,
Honorary Secretaries.

February 27th.

AT WHAT AGE SHOULD A CLEFT OF THE PALATE BE CLOSED?

SIR,—All writers on the subject of cleft palate seem to be agreed upon one point, namely, that the results of operation, as regards the voice, are by no means perfect. It would seem, therefore, that if the results are to be improved careful investigation should be made of the causes of the persistence of the nasal intonation. Inefficiency of the soft palate is alleged to be the most important, if not the only, cause of this imperfect articulation.

I venture to urge that other factors also play an important part in the production of normal speech. Normal intonation depends largely upon the form and size of the nasal passages. Though the soft palate be efficient and the proper amount of air be allowed to pass into the naso-pharynx in the production of certain sounds the voice is not normal if the escape of this air through the nose be checked by nasal deficiency. The nearer the nasal fossae approach the normal in size and shape, the better will be the articulation. It is necessary to bear in mind that the physical conditions found in a case of cleft palate *before* operation are by no means the same as those present *after* complete closure of the cleft. Mr. James Berry¹ is, I venture to think, not quite clear on this point when he is discussing Mr. Lane's views. Mr. R. W. Murray, at least in cases of cleft of the hard palate, agrees with the view held by those who advocate operation during infancy, namely, that defective development of the nasal chambers is present, and is responsible for the imperfection in articulation which persists after operation. Even when the soft palate alone is cleft, the hard palate is abnormally high, and the nasal fossae smaller than normal. What stronger evidence can one want that nasal insufficiency is responsible for this nasal intonation than the existence of such cases as Mr. Murray refers to, in which children have a "cleft-palate voice" associated with a highly-arched palate? One may look upon cleft palate as a superlative degree of this other condition, the two halves of the arch having burst asunder. One might hope that by the "old" operation, as opposed to the more recent "flap" operation, the arch of the palate would be permanently lowered, but this, I believe, is not the case. The soft tissues, freed and depressed to allow of their being sutured in the mid line, are soon drawn up again to approximately their former position. All surgeons agree that the cleft becomes narrower as the child grows older; but so do the nasal fossae get narrower, and the longer operation is delayed, the greater is the difficulty experienced in overcoming this nasal insufficiency.—I am, etc.,

London, W., Feb. 12th.

H. A. T. FAIRBANK.

SIR,—In the discussion on the most favourable time for the closure of the opening in cleft palates it has been rather arbitrarily stated by some surgeons that the considerations that should form the basis of a right decision are: (1) What will be the condition of the palate? and (2) what will be the condition of the speech after operation? From these considerations alone it is assumed

¹ BRITISH MEDICAL JOURNAL, October 7th, 1905.